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ABSTRACT

This second edition summarizes and interprets, from the pertinent documents of each state, those provisions which establish and regulate the tasks of hygienists and assistants, with special attention given to expanded functions. Information is updated for all jurisdictions through the end of 1973, based chiefly on materials received in response to inquiries to State boards of dentistry. Although the most relevant and significant portions of the state dental laws were selected for summation and interpretation, every effort was made to retain or closely paraphrase the original text or, when it seemed appropriate, to quote directly. The National Summary section, consisting of five tables and a map, gives a composite picture of the status of expanded functions for dental auxiliaries on a nationwide basis, as these existed at the end of 1973. (HD)

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Prepared by Donald W. Johnson, D.D.S.,
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SUMMARIZED BY STATE • 1973

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Prefac

This publication is the second edition of "Legal Provisions on Expanded Functions for Dental Hygienists and Assistants, Summarized by State." The first edition was published in mid-1973 and attempted to present information as of the end of 1972. The present revised edition seeks to update information for all jurisdictions through the end of 1973, based chiefly on materials received in response to inquiries to State boards of dentistry. In this second edition, the Introduction has been slightly revised and a new section has been added at the end of the publication—a National Summary comprising several tables and related discussion which consolidate data from the individual State reports.

For many of the States, the information given in the first edition has not changed. A number of States made minor changes in 1973 in their legal provisions on dental auxiliaries, while several States made quite important changes. The dental law has been amended with regard to dental auxiliary functions in Connecticut, Maryland, Michigan, New York, and Vermont. Rules and regulations were newly issued or significantly revised by Florida, Georgia, New Hampshire, New York, Virginia, and West Virginia. Kansas, Louisiana, and Nevada had promulgated rules and regulations during or prior to 1972, but the texts were not in hand for inclusion in the first edition.

At the end of 1973, there were 44 States which, in one manner or another, authorized expanded functions. In five of these States
the legislature had amended the dental law but the board of de
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During the preparation of this report, information was receiv
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Introducti

Throughout the United States there is a considerable interest in the subject of dental auxiliaries and the tasks they should or should not perform. Many States now authorize dentists to delegate to dental hygienists and dental assistants new and additional tasks of greater skill and responsibility which were formerly performed only by the dentist. These tasks are today collectively referred to as "expanded functions," and include such functions as taking impressions for study casts, placement of rubber dams, placement of matrices, and removal of sutures and dressings. Among the more advanced proposals in the dental community is to permit specially-trained and qualified auxiliaries to administer local anesthetic agents and to place and carve restorations, after the cavity has been prepared by the dentist.

The purpose of this report is to summarize and interpret, from the pertinent documents of each State, those provisions which establish and regulate the tasks of hygienists and assistants, with special attention to expanded functions.

Recognizing the need for a compilation of specific information on such authorized auxiliary tasks, the Division of Dentistry obtained the dental laws, rules and regulations of boards of dentistry (or comparable State agencies), and other supplementary materials for the 50 States and the District of Columbia and, on the basis of these accumulated materials, compiled the first edition of this publication. In preparation for the present edition, the Division again contacted all of the States, with particular emphasis on identifying all relevant changes and new developments to the end of 1973. In the course of this activity, information was also received on some amendments of dental laws and other relevant changes which were adopted in 1974. Such 1974 information was incorporated into the reports for those individual States, because of its significance and as a service to the reader, but these State reports nevertheless also contain a status report on their legal provisions as of the end of 1973, so that there is consistency and direct comparability with all the other jurisdictions.
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In the preparation of State by State summaries of the provisions authorizing dental auxiliary functions, the most relevant and significant portions of the dental laws and any applicable regulations were selected for summation and interpretation. Despite the necessity for selecting, editing, and condensing this documentary material, every effort was made to retain or closely paraphrase the original text or, when it seemed appropriate, to quote directly. It is expected that the extensive use of such representative language for each jurisdiction will enhance the usefulness of this report as a reference on how the States variously authorize expanded functions. However, the adherence to original texts has unavoidably led to considerable variation in organization and language on similar topics. A typical, though minor, example is the use of the terms X-ray, radiogram, radiograph, or roentgenogram, whichever each State has adopted. A similar example is the various use of calculus, calcareous, calcic, and lime with regard to deposits on the teeth.

Much more important is the general practice adopted in this publication to paraphrase, and sometimes to quote, phrases and entire statements from the State documents. In every case, such usage is related to some distinctive or significant approach or some unique language adopted by individual States. Readers should bear in mind that this entire report deals with legal provisions, and variations in legal language, which may seem slight, can have considerable variation in legal effect. A fairly typical example is the variety of ways in which States refer to a basic and fundamental subject—the personnel whose functions are authorized by the laws and the regulations. A few States refer to "competent office personnel," without defining the term or indicating its exact application. Some States refer to licensed and unlicensed personnel. Other States discuss dental hygienists and "other dental auxiliaries." There are still other States which have legal provisions only for hygienists and which do not mention dental assistants at all, whether by this designation or any other designation. Finally, there are a number of States which assign tasks specifically to dental hygienists and to dental assistants, so named and clearly differentiated. Indication of such specific variations in the legal provisions of individual States is a major reason for the existence of this publication.

Primary attention was given to the dental laws and to the dental rules and regulations of all the States, but it was felt that certain other types of documents also had to be considered and reported for a few States, such as resolutions or interpretive statements issued by boards of dentistry. These documents are neither new rules and regulations nor amendments to the old, but constitute, in effect, interim board rulings on allowable auxiliary functions pending adoption of formal rules and regulations.

Although every effort was made to be as factual as possible throughout this report, there were occasions when interpretations and decisions were necessary because documents of some States contained unclear language or presented inconsistencies. For example, some States authorized expanded functions for dental assistants but, at the same time, left the old provisions controlling functions of dental hygienists completely untouched, with the apparent result that the licensed and usually more highly-trained hygienist is actually barred from tasks which may be performed by the dental assistant. Another apparent discrepancy occurs in several other States where the board issued new regulations which clearly authorize expanded functions for dental hygienists, but the legislatures of those States have not yet removed from the dental law the old provisions which restrict hygienists to a few specific traditional functions, sometimes to prophylaxis only.

There is a very great variation among the States with regard to the delineation of auxiliary tasks, with literally no two States being alike. With regard to the assignment of expanded functions, the States range from a comparatively extensive authorization of functions to a very minimal authorization. Moreover, it is to be noted that there are several States which still do not authoriz any expanded functions at all.

For every State which does authorize expanded functions, th text summary herein indicates the legislative and/or regulator mechanism or instrumentality by which that result was achieved Authorization of expanded functions was effected by one of th following three legal mechanisms:

1. Entirely by amendment of the dental law, with no actio required by the board of dentistry to implement the amende law.
2. Entirely by issuance by the board of dentistry of new or re vised rules and regulations based on authority the boar already had in the existing dental law.
3. A combination of legislative and regulatory action, whereb the State legislature amended the dental law and the boar of dentistry issued implementing rules and regulations.

It is important to note that, among the States which have se lected this last-named mechanism, several have amended the den tal law to authorize expanded functions but the board has no yet taken any action to implement the amended law by appro priately revising the regulations. In still other States using thi mechanism, the board has actually issued new rules and regula tions which are comparatively limited and restrictive with regar to the auxiliary functions they permit, despite a broad authorit contained in the amended dental law.

By whatever legal mechanism expanded functions have bee achieved, there is an important further distinction in the manne by which States characterize and assign expanded functions. Thi is accomplished by one of the following two operative mechanisms

1. An "open provision," which is a broad and flexible defini tion of the scope of allowable auxiliary tasks, and permit the dentist to delegate any function within the competenc of the auxiliaries, limited only by prohibitions specified i a list or by a general restriction against delegating task which "require the knowledge and skill of the dentist."
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2. A "list" of permitted auxiliary functions, which is a much more rigid and restrictive approach, and comprises an itemi-

zation or tabulation of the specific duties and tasks the hygienist or assistant may perform. In such instances, the auxiliary may perform only the functions listed and no other functions.

At the end of this report, following the State by State summaries, there is a National Summary which presents five tables and a map, with related discussion. This section gives a consolidated presentation of certain major aspects of expanded functions on a national basis, as these existed at the end of 1973 (any 1974 information is omitted). In recent years there has been a definite and persistent trend toward raising the level of skill and responsibility of dental hygienists and assistants by increasing the number of procedures these auxiliaries are authorized to perform. In 1968 there were only nine States which authorized either of these auxiliaries to perform any expanded functions. By 1970, 24 States had some positive legal provisions on expanded functions and by the end of 1973, this number had increased to 44, a substantial majority of the States. However, most of the tables in the National Summary present 1973 data for 39 States, not 44. These 39 States are designated the current expanded-function States—States which not only authorize expanded functions by legislation but also actually have them in operational effect because the board of dentistry has issued implementing rules and regulations or such rules and regulations are not required by the dental law.

In determining entries for the national tables, it was found that the source materials from most States were clear and unambiguous, but there were instances where more than one interpretation was possible and a certain exercise of arbitrary judgment was required. The reader is cautioned against seeking detailed interpretations for any specific State from information provided in the nationwide tables or the map. For details of the legal provisions on auxiliary functions in any State the most valid and appropriate source is the individual report on that State.

Throughout this publication, whether or not it is specifically noted, dental auxiliaries in every State carry out their tasks under the supervision of the dentist, who has the ultimate responsibility for their work, although the States vary somewhat in the extent of such supervision. A number of States provide formal definiti of different degrees of supervision and specify the situation which the different degrees shall apply. A typical distinctio between general supervision and direct supervision. General pervision usually means that the dentist authorizes and instr the auxiliary to perform certain procedures but need not ne sarily be present during their performance. Direct supervi means a closer surveillance of the tasks performed by the auxili and may vary from a requirement that the dentist remain pre in the operatory to a requirement that the dentist only be on premises, readily available to check and approve performanc the tasks at any stage. Some of the States specifically provide closer dentist supervision of the dental assistant than of the gienist. It is to be understood that, in every State, the de who directs and supervises these auxiliaries is a dentist lice to practice in that State.

A few aspects with regard to dental auxiliaries not include this report merit some mention here. Most of the laws and regulations use the feminine gender when referring to the hyg ist and assistant, while a very few States explicitly require the auxiliary be a female. Also, several States limit the nu of dental hygienists a dentist may employ at any one time some of these States the maximum is one, in others it is two

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Alabama

Rules and regulations which permit expanded functions for both dental hygienists and dental assistants were issued by the Alabama Board of Dental Examiners in 1968, with amendments in 1972. These rules and regulations were issued under the Board's general rule-making authority in the Dental Practice Act. The employer-dentist is given broad authority by an open provision to determine the duties and activities of his dental auxiliaries, without restriction to an itemized list of functions and subject only to the limitation that auxiliaries shall not perform services which require the special knowledge and skill of the dentist. The current rules and regulations state:

> "A competent dental assistant or hygienist shall be permitted to assist the licensed dentist as he may direct while acting within the line and scope of such employment and under the direct and immediate supervision of the dentist.
>
> "Under no circumstances may any services be performed such as diagnosis and treatment planning; removal of calcareous deposits, accretions or stain from the teeth; surgery on hard and soft tissues; any intra-oral procedure which would lead to the fabrication of any appliance or prosthesis; placing any final restoration; administering local and general anesthesia; or any other irreversible procedures which require the professional judgment and skill of a dentist."

Although removal of calcareous deposits, accretions or stain from the teeth is included in the above list of tasks prohibited to dental auxiliaries, specific authorization elsewhere in the rules and regulations authorize the hygienist to perform this task, th indicating that the Board intends this particular auxiliary functi to be prohibited to the dental assistant only.

The rules and regulations define a dental hygienist as a pers who performs any "operation catalogued as dental hygiene tre ment," such as:

1. removing deposits, accretions, and stain from the teet
2. applying topical fluoride; and
3. polishing the teeth.

A hygienist may also perform all the duties that are usua performed by a dental assistant. The Board gives a very gene definition of the dental assistant as a "person employed in dental office to assist the licensed dentist in rendering professio treatment and service to the public." However, the Board Dental Examiners reserves for itself the right to prohibit a auxiliary from rendering a service that it feels is not in public interest.

The Board rules state that "direct supervision" shall mean t intra-oral procedures are to be performed by the auxiliaries the office of a licensed dentist who is physically present wit the confines of the dental office, with such procedures to performed under the dentist's order, control and responsibili

In summary, authorization for the functions and duties of den hygienists and assistants in Alabama is embodied in the Boar rules and regulations in an open provision, which allows th auxiliaries to perform any task assigned by a dentist which not prohibited by the Board.

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2. applying topical fluoride; and
3. polishing the teeth.

A hygienist may also perform all the duties that are usually performed by a dental assistant. The Board gives a very general definition of the dental assistant as a "person employed in the dental office to assist the licensed dentist in rendering professional treatment and service to the public." However, the Board of Dental Examiners reserves for itself the right to prohibit any auxiliary from rendering a service that it feels is not in the public interest.

The Board rules state that "direct supervision" shall mean that intra-oral procedures are to be performed by the auxiliaries in the office of a licensed dentist who is physically present within the confines of the dental office, with such procedures to be performed under the dentist's order, control and responsibility.

In summary, authorization for the functions and duties of dental hygienists and assistants in Alabama is embodied in the Board's rules and regulations in an open provision, which allows these auxiliaries to perform any task assigned by a dentist which is not prohibited by the Board.

Alas

The Alaska Dental Practice Act was amended in 1969 to delete a very limited authorization of dental hygienist functions and to redefine the role of the hygienist as simply "to assist members of the dental profession in providing oral health care to the public." The amended act does not state any specific functions, listing only those procedures prohibited to the hygienist, as follows:

1. diagnosis, treatment planning, or prescription;
2. operative or surgical procedures on hard or soft tissues;
3. restorative, prosthetic, orthodontic, or other procedures which require the knowledge and skill of a dentist and constitute the practice of dentistry; and
4. prescription for drugs, medicaments, or work authorizati

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It seems that the broad and comprehensive language of the above provision permits expanded functions for dental hygienists by allowing the dentist to delegate many functions, excluding only tasks which require the dentist's professional knowledge and skill.

The present act makes no mention at all of dental assistants or dental assistant functions.

Arizona

The Dental Law of Arizona states that a dental hygienist, acting under the general direction or supervision of a dentist, may perform the following duties:

1. dental examinations of the exposed surfaces of the teeth; and
2. removal of lime deposits, accretions, or stains from exposed surfaces of teeth.

The law states specifically that a hygienist shall not perform a other operation on the teeth or tissues of the mouth.

Dental assistants are not mentioned at all in the Dental Law.

Thus, Arizona has no mechanism for assigning expanded fu tions to either dental hygienists or dental assistants.

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Arkans

The Arkansas Dental Practice Act, by an amendment adopted in 1969, instructs the Board of Dental Examiners to delineate the duties of dental auxiliaries by the following provision:

> "The Board shall also by rule or regulation prescribe those acts, services, procedures, and practices which may be performed by dental hygienists and dental assistants at the direction and under the direct supervision of a licensed dentist and shall impose such requirements and restrictions on the performance thereof by such dental hygienists and dental assistants as it shall deem proper and necessary to protect and promote the public health and welfare of the citizens of this State."

Another amendment of the act adopted in 1973 strengthened the authority of the Board to extend the functions and tasks of unlicensed persons by adding a stipulation that, if the Board's rules and regulations permit performance of additional tasks under the supervision of a licensed dentist, such tasks shall not constitute unlicensed practice of dentistry or dental hygiene.

The current act retains a prior provision which assigns to dental hygienists the following two traditional functions:

1. removing lime deposits, accretions, and stains from teeth; and
2. taking radiographs of teeth, the alveolar process, or any of the bony parts necessarily involved.

The present act also retains a prior prohibition which states that dental hygienists shall not administer any anesthetic.

The act does not mention any specific duties which dental assistants may or may not perform.

Pursuant to the authority granted by the amended act, the Board has issued rules and regulations which list functions authorized for both dental hygienists and assistants, including some expanded functions for each. The Board authorized some of these functions in 1969 and added others in 1973.

The following list of functions and tasks are those which Board has authorized for dental hygienists (the last five be those added in 1973):

1. removal of sutures:
2. application of topical medications;
3. removal of excess cement from inlays, crowns, brid and orthodontic appliances;
4. taking of impressions for study models or for oppos models;
5. polishing amalgam restorations;
6. sub-gingival scaling and planing of tooth surfaces;
7. placing temporary sedative fillings, after preparation the cavity by a dentist;
8. administration of fissure sealants;
9. dietary counseling for caries control;
10. placement and removal of rubber dam; and
11. placement and removal of matrix.

The Board rules and regulations similarly list functions tasks authorized for dental assistants (the last two being th added in 1973):

1. removal of sutures;
2. application of topical medications;
3. taking dental radiographs;
4. removal of supra-gingival cement from inlays, crow bridges, or orthodontic appliances.
5. placement of rubber dam;
6. removal of rubber dam; and
7. placement and removal of matrix.

To summarize the current situation in Arkansas: by autho granted in amendments to the Dental Practice Act, the Board Dental Examiners has promulgated lists of functions for der hygienists and assistants, including some expanded functions.

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5. polishing amalgam restorations;
6. sub-gingival scaling and planing of tooth surfaces;
7. placing temporary sedative fillings, after preparation of the cavity by a dentist;
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9. dietary counseling for caries control;
10. placement and removal of rubber dam; and
11. placement and removal of matrix.

The Board rules and regulations similarly list functions and tasks authorized for dental assistants (the last two being those added in 1973):

1. removal of sutures;
2. application of topical medications;
3. taking dental radiographs;
4. removal of supra-gingival cement from inlays, crowns, bridges, or orthodontic appliances.
5. placement of rubber dam;
6. removal of rubber dam; and
7. placement and removal of matrix.

To summarize the current situation in Arkansas: by authority granted in amendments to the Dental Practice Act, the Board of Dental Examiners has promulgated lists of functions for dental hygienists and assistants, including some expanded functions.

California

At the end of 1973 California did not formally authorize any expanded functions for dental hygienists and assistants, either in the Dental Practice Act or in regulations of the Board of Dental Examiners. In early 1974 California substantially amended the act to establish several categories of dental auxiliaries, with explicit authorization for delegation of expanded or extended functions to some of them. Implementation of this major legislation requires promulgation of regulations by the Board. At the time of this report, the Board has not yet had opportunity to act.

More specifically, at the end of 1973 the California Dental Practice Act provided that a licensed dental hygienist may, under general direction or supervision of a dentist, perform the following traditional functions:

1. remove lime deposits, accretions, and stains from unattached surfaces of teeth; and
2. apply topical agents essential to a complete prophylaxis.

The act then also stated that the hygienist shall not perform any other operation on the teeth or tissues of the mouth. Dental assistants were not specifically mentioned at all in the earlier act. However, the act did permit any persons employed by a dentist to operate dental radiographic equipment if they pass a qualifying examination on radiation safety.

The formal regulations of the Board give no functions or tasks of the hygienist or assistant, either by specific list or by broad characterization. However, it is relevant to report that several years ago the Board issued a policy statement which contains a detailed list of functions and tasks the assistant may perform, comprizing traditional functions almost entirely but also including a few expanded functions. In 1972 the Board made public a formal resolution which it characterized as embodying an affirmative approach to expanded functions and in which the Board deemed it proper for a capable dental auxiliary who had completed approved training to be delegated some reversible procedures t
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ment nor the resolution are incorporated or reflected in the forn
Board regulations.

In 1972 the California Legislature established a temporary A
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ized for each category of auxiliary. In March 1973, this Advis
Committee submitted its report which contains a number of r
ommendations to the Legislature which have since been incor
rated in the amendment of the act in 1974.

A major feature of the California Dental Practice Act,
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In 1972 the California Legislature established a temporary Advisory Committee on the Utilization and Education of Dental Auxiliaries to study the status and needs of California with regard to dental auxiliaries and to report its findings and recommendations both to the Board and to the Legislature. The Legislature indicated a number of lines of action it wished this Committee to take, including the devising of a "career ladder" which would permit maximum vertical and horizontal career mobility for various categories of dental auxiliaries. The Committee was also directed to recommend permitted functions and tasks to be authorized for each category of auxiliary. In March 1973, this Advisory Committee submitted its report which contains a number of recommendations to the Legislature which have since been incorporated in the amendment of the act in 1974.

A major feature of the California Dental Practice Act, as amended in April 1974, is the establishment of five categories of dental auxiliaries: dental assistant, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, and registered dental hygienist in extended functions. The act declares that it is the intent of the Legislature that these categories shall constitute a career ladder which permits the continual advancement of persons to successively higher levels of certification or licensure with additional training, but without repeating training for skills already acquired.

The act requires the Board of Dental Examiners to delineate the functions and tasks of each of these auxiliaries by appropriate implementing regulations. The act also created a permanent Committee on Dental Auxiliaries which is to make recommendations to the Board regarding the functions and tasks of hygienists and assistants.

Although the amended act assigns the responsibility of delineating each auxiliary's functions to the Board, the act does indicate some characteristics and qualifications for each of the five categories of auxiliaries. The act states that the first category, dental assistant, refers to a person who may perform basic supportive dental procedures under supervision of a dentist who shall be responsible for determining the competence of the dental assistant to perform allowable functions. The act provides also that the Board shall not only delineate the functions of dental assistants by regulations but shall also periodically review and update the list of functions dental assistants may legitimately perform.

The Board shall certify as a registered dental assistant a person who satisfies either of the following requirements:

1. graduation from an educational program in dental assisting approved by the Board, and satisfactory performance on an examination required by the Board; or
2. satisfactory work experience of more than 18 months as a dental assistant, and satisfactory performance on an examination required by the Board.

The Board shall certify as a registered dental assistant in extended functions a person who satisfies all of the following requirements:

1. status as a registered dental assistant;
2. completion of clinical training approved by the Board in a facility affiliated with a dental school under direct supervision of the dental school faculty; and
3. satisfactory performance on an examination required by the Board.

The Board shall license as a registered dental hygienist a person who satisfies all of the following requirements:

1. completion of an educational program for dental hygie approved by the Board; and
2. satisfactory performance on an examination require the Board.

The act declares that a registered dental hygienist, in additio whatever functions the Board assigns to this auxiliary, may form all of the functions which the Board regulations may aut ize for a dental assistant or registered dental assistant. The vision in the amended act on the registered dental hygieni the only one which names specific auxiliary functions. As in prior act, the dental hygienist is legislatively authorized to form prophylaxis and topical applications. The present act, ever, now omits the prior restriction which prohibited the gienist from performing any other operation on the teeth tissues of the mouth.

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The Committee on Dental Auxiliaries created by the ame act is to be appointed by the Governor and is to carry ou duties within the jurisdiction of the Board. This Committee consist of nine members: three dentists, three dental hygie and three dental assistants. The act contains various stipula on qualifications of Committee members, length of terms, ings, and other aspects. The amended act stipulates that the B upon recommendation of this Committee and consistent g the functions and tasks of hygienists and

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1. completion of an educational program for dental hygienists, approved by the Board; and
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The act declares that a registered dental hygienist, in addition to whatever functions the Board assigns to this auxiliary, may perform all of the functions which the Board regulations may authorize for a dental assistant or registered dental assistant. The provision in the amended act on the registered dental hygienist is the only one which names specific auxiliary functions. As in the prior act, the dental hygienist is legislatively authorized to perform prophylaxis and topical applications. The present act, however, now omits the prior restriction which prohibited the hygienist from performing any other operation on the teeth or tissues of the mouth.

The Board shall license as a registered dental hygienist in extended functions a person who meets all of the following requirements:

1. status as a registered dental hygienist;
2. completion of clinical training approved by the Board in a facility affiliated with a dental school under the direct supervision of the dental school faculty; and
3. satisfactory performance on an examination required by the Board.

The Committee on Dental Auxiliaries created by the amended act is to be appointed by the Governor and is to carry out its duties within the jurisdiction of the Board. This Committee shall consist of nine members: three dentists, three dental hygienists, and three dental assistants. The act contains various stipulations on qualifications of Committee members, length of terms, meetings, and other aspects. The amended act stipulates that the Board, upon recommendation of this Committee and consistent with standards of good dental practice and the health and welfare of patients, shall prescribe by regulation: the functions which may be performed by each of the five categories of auxiliaries, whether such functions require direct or general supervision, and the settings within which these auxiliaries may work. The Board shall promulgate these regulations within 1 year of the effective date of the act.

The amended act defines "direct supervision" as supervision of dental procedures based on instructions given by a dentist, who must be physically present in the treatment facility during the performance of those procedures. "General supervision" means supervision of dental procedures based on instructions given by a dentist but not requiring the physical presence of the supervising dentist during the performance of those procedures.

The amended act carries two new provisions on continuing education, one for dentists and another for dental auxiliaries. The Board shall require a dentist who utilizes a dental auxiliary in extended functions to satisfy requirements of continuing education in management and utilization of such an auxiliary. This particular new requirement is placed upon dentists in addition to an older and broader authorization (not necessarily related to management of auxiliaries) held over from the prior law which allows the Board to require, as a condition of renewal of a license to practice dentistry, that dentists pursue courses of study or other continuing education satisfactory to the Board.

The prior act had contained a provision which authorized the Board to establish continuing education as a prerequisite for license renewal by dental hygienists which was very similar to the above general provision on continuing education for dentists. However, this provision for hygienists was deleted in its entirety and the amended act carries a new provision that the Board shall, by regulation, require continuing education as a condition for renewal of certificates of all auxiliaries certified pursuant to the provisions of the amended act. In establishing such a regulatio the Board shall take into consideration the recommendations o its Committee on Dental Auxiliaries.

The amended act is unusually explicit in indicating a course o action for the Board to follow in implementing this legislation. Th act declares that the Legislature intends that the Board of Dent Examiners and its Committee on Dental Auxiliaries give specifi consideration to the recommendations of the temporary Advisor Committee on Utilization and Education of Dental Auxiliaries (th Committee which the Legislature established in 1972 to make study on auxiliaries).

The 1973 report of the temporary Advisory Committee pr sented a list of functions and tasks recommended for each of th five categories of auxiliaries — subject matter which is yet to b dealt with in Board regulations. Some of the functions th Advisory Committee advocates that the Board authorize for th highest levels of assistant and hygienist include the taking impressions for space maintainers and cast restorations and th placement of amalgam, silicate, resin, and composite restoratio in cavities already prepared by the dentist.

The amended act directs the Board to report to the Legislatu by July 1, 1975, and each 6 months thereafter for 2 years, as the Board's overall progress in implementing the act's vario provisions on dental auxiliaries.

In summary, California did not formally authorize any expande functions for either dental hygienists or assistants through 197 In early 1974, California became an expanded-function Sta when the act was substantially amended to establish five categori of auxiliaries and explicitly approved expanded or extended fun tions for some of them. At the time of the compilation of th report, these provisions of the act have not yet been implemente by necessary regulations of the Board, which is directed to deli eate the allowable functions and tasks of each auxiliary.

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The 1973 report of the temporary Advisory Committee presented a list of functions and tasks recommended for each of the five categories of auxiliaries — subject matter which is yet to be dealt with in Board regulations. Some of the functions the Advisory Committee advocates that the Board authorize for the highest levels of assistant and hygienist include the taking of impressions for space maintainers and cast restorations and the placement of amalgam, silicate, resin, and composite restorations in cavities already prepared by the dentist.

The amended act directs the Board to report to the Legislature by July 1, 1975, and each 6 months thereafter for 2 years, as to the Board's overall progress in implementing the act's various provisions on dental auxiliaries.

In summary, California did not formally authorize any expanded functions for either dental hygienists or assistants through 1973. In early 1974, California became an expanded-function State when the act was substantially amended to establish five categories of auxiliaries and explicitly approved expanded or extended functions for some of them. At the time of the compilation of this report, these provisions of the act have not yet been implemented by necessary regulations of the Board which is directed to delineate the allowable functions and tasks of each auxiliary.

Colora

The Dental Practice Law of Colorado was amended in 1971 to grant broad authorization for expanded functions through a new section which states that a dental hygienist or other dental auxiliary may perform intra-oral and other tasks assigned by a dentist and carried out under his personal direction. The law does not further define such tasks of dental auxiliaries (except for reserving prophylaxis to the hygienist) but does prohibit assignment to an auxiliary of any task which requires the professional skill of a dentist, specifically listing: diagnosis, treatment planning, prescription of therapeutic or corrective measures, and any procedure that will contribute to or result in an irremediable alteration of oral anatomy.

The amended law explicitly empowers the Board of Dental Examiners to make and declare "reasonable" rules and regulations on several stated subjects, including the tasks and procedures which may be assigned to dental auxiliaries. Elsewhere the law also states that dental auxiliaries may perform tasks only to the extent of the procedures authorized by the rules and regulations adopted by the Board.

The law may have gained greater usefulness by addition of some new definitions. The term, dental auxiliary, is defined as any person (excluding the dentist, but including the dental hygienist) who may be assigned or delegated to perform dental tasks or procedures as authorized by the law or by rules and regulations of the Board. Other new definitions make a distinction between direct supervision and general supervision by the dentist. Direct supervision requires the dentist to be present on the premises and available for prompt consultation and treatment, if needed. In general supervision the dentist is not required to be present, either in the office or on the premises, during the performance of the auxiliary's assigned tasks.

In addition to these new definitions, another noteworthy feature of the amended law is the stipulation that the rules and r tions adopted by the Board shall be reviewed annually at a hearing.

Pursuant to the amended law, the Board of Dental Examin 1972 adopted rules and regulations on the functions and of dental hygienists and dental assistants. The licensed d may assign to a dental auxiliary, when working under his g supervision, the following tasks or procedures, provided auxiliary is qualified by training, experience, or educati perf[illegible] them:

1. All extra-oral work preparatory to actual treatment or conclusion of such treatment;
2. X-rays and medication as ordered by the dentist; a
3. intra-oral tasks or procedures which involve little hazard, including, but not limited to, pulp tests, ch of teeth, study models, home care instruction, remov sutures, and removal of temporary fillings.

Moreover, the rules and regulations broadly authoriz auxiliary, when working under direct supervision (i.e., i immediate presence of the dentist), to perform intra-oral involving procedures "such that the results are readily reve and the oral anatomy affected can be substantially restored.

However, the Board also emphasizes that the assignme any tasks or procedures to dental auxiliaries shall not reliev dentist from personal liability for all treatment rendere patient.

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Pursuant to the amended law, the Board of Dental Examiners in 1972 adopted rules and regulations on the functions and tasks of dental hygienists and dental assistants. The licensed dentist may assign to a dental auxiliary, when working under his general supervision, the following tasks or procedures, provided the auxiliary is qualified by training, experience, or education to perform them:

1. All extra-oral work preparatory to actual treatment or after conclusion of such treatment;
2. X-rays and medication as ordered by the dentist; and
3. intra-oral tasks or procedures which involve little or no hazard, including, but not limited to, pulp tests, charting of teeth, study models, home care instruction, removal of sutures, and removal of temporary fillings.

Moreover, the rules and regulations broadly authorize the auxiliary, when working under direct supervision (i.e., in the immediate presence of the dentist), to perform intra-oral tasks involving procedures "such that the results are readily reversible and the oral anatomy affected can be substantially restored."

However, the Board also emphasizes that the assignment of any tasks or procedures to dental auxiliaries shall not relieve the dentist from personal liability for all treatment rendered the patient.

With regard to specific tasks prohibited to dental auxiliaries, the rules and regulations add another restriction to those already named in the law: only the licensed dentist may administer any injectable or inhalation anesthetic.

The rules and regulations re-enforce the provisions of the law which reserve prophylaxis functions to the dentist and the dental hygienist. The Board also permits a dental hygienist, during periods of temporary absence of the dentist from his office (including short periods of vacation or illness), to continue to perform those dental hygiene procedures which may be performed under general supervision. Such periods are not to exceed two weeks per annum.

The rules and regulations further state that no dentist may employ, supervise, or use more dental auxiliaries than he can reasonably supervise consistent with his ethical and professional responsibilities for the protection of the public health, safet and welfare.

In summary, the Colorado Dental Practice Law has bee amended to permit expanded functions for both dental hygienis and dental assistants, subject only to the limitation that auxiliari may not perform tasks which require the professional skill of th dentist. In implementing rules and regulations adopted by th Board, the dentist is given broad authority by an open provisio to assign any expanded functions where the results are readil reversible or any affected tissues can be substantially restored.

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In summary, the Colorado Dental Practice Law has been amended to permit expanded functions for both dental hygienists and dental assistants, subject only to the limitation that auxiliaries may not perform tasks which require the professional skill of the dentist. In implementing rules and regulations adopted by the Board, the dentist is given broad authority by an open provision to assign any expanded functions where the results are readily reversible or any affected tissues can be substantially restored.

Connectic

In 1973 Connecticut amended its Dental Practice Act to authorize, by an open provision, a wide range of functions for both dental hygienists and dental assistants, including expanded functions, subject to prohibition of certain activities requiring the judgment and skill of the dentist. Early in 1974 the Connecticut State Dental Commission publicly interpreted some provisions of the amended act, chiefly to specify a number of prohibitions they deemed indicated by the language of the act, while also approving a few named functions and tasks.

The act, prior to the 1973 revision, had made no mention at all of dental assistants and had limited the hygienist to a few traditional functions. The present act reaffirms the provision in the prior act which authorizes the dental hygienist, acting under the general direction of the dentist, to:

1. remove calcareous deposits, accretions, and stains from the exposed surfaces of the teeth and directly beneath the free margin of the gums;
2. apply topical solutions to exposed portions of the teeth; and
3. mark charts indicating defective teeth.

The amendment deleted the restriction that the hygienist shall not perform any operation on the teeth or tissues of the mouth other than the preceding named functions.

The amended act contains a new broad provision that the dental hygienist and the "trained assistant" (an auxiliary term introduced by the amended act) "may perform such dental procedures as a licensed dentist may deem advisable," under the dentist's supervision, control, and responsibility. However, the act prohibits both these auxiliaries from engaging in:

1. diagnosis or treatment planning or any procedures requiring professional judgment and skill;
2. the cutting or removal of any hard or soft tissue or suturing;
3. the prescribing of drugs or medication which requir written or oral order of a licensed dentist or physician
4. the administration of injected local anesthetic of any n in connection with a dental operative procedure;
5. the taking of any impression of the teeth or jaws o relationship of the teeth or jaws for the purpose of fab ing any appliance or prosthesis; and
6. the placing, finishing, and adjustment of temporary or restorations, capping materials, and cement bases.

In addition, the dental assistant is forbidden to remove cal ous deposits, accretions and stains from teeth or to polish which, in effect, means that the hygienist is the only auxil allowed to perform prophylaxis.

In addition to the preceding provisions on the function auxiliaries, the amended act contains a provision which autho special research and training programs involving dental auxil functions. This result is achieved by adding to the list of per exempt from the legal definition of the practice of dentistr dental medicine those personnel who are engaged in contr investigations or innovative training programs related to delivery of dental health services. Such investigative or trai programs may be carried on only within accredited dental sch or schools of dental hygiene and under the supervision licensed dentist or physician. The State Dental Commissio waiting for the Attorney General of Connecticut to provi formal interpretation of the amended act as it concerns ex mental programs.

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4. the administration of injected local anesthetic of any nature in connection with a dental operative procedure;
5. the taking of any impression of the teeth or jaws or the relationship of the teeth or jaws for the purpose of fabricating any appliance or prosthesis; and
6. the placing, finishing, and adjustment of temporary or final restorations, capping materials, and cement bases.

In addition, the dental assistant is forbidden to remove calcareous deposits, accretions and stains from teeth or to polish teeth which, in effect, means that the hygienist is the only auxiliary allowed to perform prophylaxis.

In addition to the preceding provisions on the functions of auxiliaries, the amended act contains a provision which authorizes special research and training programs involving dental auxiliary functions. This result is achieved by adding to the list of persons exempt from the legal definition of the practice of dentistry or dental medicine those personnel who are engaged in controlled investigations or innovative training programs related to the delivery of dental health services. Such investigative or training programs may be carried on only within accredited dental schools or schools of dental hygiene and under the supervision of a licensed dentist or physician. The State Dental Commission is waiting for the Attorney General of Connecticut to provide a formal interpretation of the amended act as it concerns experimental programs.

As of last report, the extant formal dental regulations of Connecticut do not include any provisions on the tasks of dental auxiliaries. The State Dental Commission has reported that it is planning regulations to clarify the amended act as it relates to auxiliary functions.

Early in 1974, the State Dental Commission publicly issued an interpretation of certain words and statements in the 1973 amended act regarding the trained assistant. The Commission states that a trained assistant is a person who is:

1. a graduate of a program in dental assisting accredited by the American Dental Association, or
2. certified by the American Association of Dental Assistants, or
3. a dental assistant with 3 years experience in a dental office under the direction of a licensed dentist.

The statement also indicates that, for purposes of interpretation of the act, a graduate of an accredited dental hygiene school is a trained assistant.

The Commission interprets the phrase in the act, "any procedure requiring professional judgment and skill," as including the following procedures, all of which the Commission bars to trained assistants:

1. placement of rubber dams and clamps;
2. placement of matrix bands;
3. application of fluoride solutions on teeth (permitted for hygienists);
4. charting of the mouth (permitted for hygienists);
5. cementing of bands and adjustment of appliances; and
6. application of sealants.

The prohibition in the act against the taking of any impress for the purpose of fabricating any appliance or prosthesis is terpreted by the Commission to mean that trained assistants m take impressions for study models only and at no time may t take any impressions when no teeth are present in the mouth.

On the side of authorizing functions, the Commission has iss the opinion that a trained assistant may:

1. give health lectures and tooth brushing instruction demonstrate prevention techniques;
2. take histories; and
3. take radiographs of teeth and jaws.

In summary, the 1973 revision of the Connecticut Dental P tice Act has authorized both dental hygienists and assistants perform functions delegated by the dentist which are not in act's list of prohibited tasks. In 1974 the State Dental Commissi pending issuance of new regulations, issued interim interpretati on prohibited and authorized tasks for trained assistants.

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In summary, the 1973 revision of the Connecticut Dental Practice Act has authorized both dental hygienists and assistants to perform functions delegated by the dentist which are not in the act's list of prohibited tasks. In 1974 the State Dental Commission, pending issuance of new regulations, issued interim interpretations on prohibited and authorized tasks for trained assistants.

Delaw

The Delaware Board of Dental Examiners in 1970 issued rules and regulations authorizing expanded duties for dental hygienists and dental assistants.

These rules and regulations state that a legally licensed and registered dentist may delegate to competent dental auxiliary personnel those procedures for which the dentist exercises direct supervision and full responsibility, except as follows:

1. procedures which require professional judgment and skill, such as diagnosis and treatment planning, the cutting of hard and/or soft tissues, or any intra-oral procedure which would lead to the fabrication of an appliance and/or restoration which, when worn by the patient, would come in direct contact with hard or soft tissue and which could result in tissue irritation or injury; and
2. procedures allocated by the Dental Law to registered dental hygienists.

The section of the State Dental Law relating to duties of hygienists authorizes them to remove calcic deposits and stains from the exposed surfaces of teeth, make instrumental examinations of teeth for cavities, and perform such prophylactic or preventive measures in the care of teeth, including the application of chemicals to the teeth for prevention of dental caries, as the Board may from time to time authorize, but hygienists shall not perform any other operation on the teeth or tissues of the mouth.

At the same time that the preceding rules and regulations promulgated, the Board also issued what it called an "Interp tion of Regulation," which lists some procedures which ma assigned to auxiliary personnel:

1. take and develop dental X-ray film;
2. give and demonstrate home care procedures to the pa including those procedures the patient is expected to out in preventive care;
3. place a rubber dam;
4. place cotton rolls;
5. take impressions for study models;
6. remove excess cement from dental restorations and ances with hand instruments only; and
7. remove temporary medicinal fillings or packs under orders of the dentist.

The same interpretive statement makes it clear, however, the dentist has full responsibility for deciding the scope of to be allocated to auxiliary personnel. The individual dentist also determine the competence of the dental auxiliary pers in assigning them specific duties and he is responsible for adequate training. The Board emphasizes that full responsi for work done by the auxiliary personnel is placed directly the dentist.

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Delaware

At the same time that the preceding rules and regulations were promulgated, the Board also issued what it called an "Interpretation of Regulation," which lists some procedures which may be assigned to auxiliary personnel:

1. take and develop dental X-ray film;
2. give and demonstrate home care procedures to the patient, including those procedures the patient is expected to carry out in preventive care;
3. place a rubber dam;
4. place cotton rolls;
5. take impressions for study models;
6. remove excess cement from dental restorations and appliances with hand instruments only; and
7. remove temporary medicinal fillings or packs under direct orders of the dentist.

The same interpretive statement makes it clear, however, that the dentist has full responsibility for deciding the scope of work to be allocated to auxiliary personnel. The individual dentist must also determine the competence of the dental auxiliary personnel in assigning them specific duties and he is responsible for their adequate training. The Board emphasizes that full responsibility for work done by the auxiliary personnel is placed directly upon the dentist.

District of Columbia

The Dental Practice Act of the District of Columbia limits dental hygienists, working under general direction or supervision of the dentist, to removal of calcic deposits, accretions, and stains from the surfaces of teeth. Hygienists may not perform any other operation and may not diagnose or treat any pathological conditions of teeth or oral tissues. The act does not mention dental assistants.

At the present time, the act has no provisions for expandi the functions of dental auxiliaries. However, there has been a bi in the Congress of the United States for amendment of the ac including provisions to permit additional dental auxiliary fun tions.

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Flor

The Florida Dental Practice Act was amended in 1972 to permit the Board of Dentistry to delegate expanded functions to dental assistants and dental hygienists. The amended act also authorizes the Board to establish educational and training requirements for dental auxiliaries. Pursuant to this amended act, the Board in 1972 adopted extensive new rules and regulations specifically on expanded duties of auxiliary personnel and in 1973 amended these rules to the form currently in effect.

The amended act states that a dental auxiliary, under supervision or direct supervision of a dentist and pursuant to rules and regulations promulgated by the Board, may perform limited auxiliary dental services—procedures and duties which do not involve or require the skill and/or knowledge of a dentist or dental hygienist and which are only preparatory or supplementary to any diagnosis, surgical procedure or treatment of disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws. The amended act further states that the dental auxiliary cannot perform any procedures which require professional judgment and skill, such as:

1. diagnosis and treatment planning;
2. cutting or removal of hard or soft tissue;
3. insertion of any prosthetic appliance in the mouth which would come into direct contact with hard or soft tissue; or
4. removal of calculus deposits from teeth and gingival sulcus.

Traditional functions of a dental hygienist, carried over from the previous act, are listed as follows:

1. remove calculus deposits, accretions and stains from exposed surfaces of teeth and from the gingival sulcus;
2. expose dental X-ray films;
3. make topical application of medicinal agents to teeth for prophylactic purposes;
4. remove and insert temporary dressings; and
5. generally clear the area after work has been perform
the dentist.

The amended act also provides that a dental hygienist ma
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auxiliaries, as provided in the rules and regulations of the
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lists of tasks.)

The rules and regulations list the authorized auxiliary ta
the following four groups or categories:

A. Tasks which may be performed by a dental auxiliar
on-the-job training, under the supervision of a denti
    1. take and record case history, pulse, blood pressur
    oral temperature;
    2. apply topical fluorides to the exposed surfaces of
    3. apply oxygenating agents in the oral cavity (not
    cess of 10 volume U.S.P.), but not to include endo
    therapy;
    4. give instruction in and supervise oral hygiene car
    5. insert temporary medicinal fillings using hand
    ments only.

B. Tasks which may be performed by a dental auxiliar
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The amended act also provides that a dental hygienist may perform all other services which may be performed by any dental auxiliaries, as provided in the rules and regulations of the Board, but the amended act retains a prior restriction that a hygienist shall not perform any other operations on the teeth or mouth.

In the current rules and regulations on expanded duties and tasks of dental auxiliaries, the Board of Dentistry sets forth permitted tasks in several groups, as determined by combinations of different types of supervision and training. (Definitions of terms for these different types of supervision and training follow the lists of tasks.)

The rules and regulations list the authorized auxiliary tasks in the following four groups or categories:

A. Tasks which may be performed by a dental auxiliary with on-the-job training, under the supervision of a dentist:
   1. take and record case history, pulse, blood pressure, and oral temperature;
   2. apply topical fluorides to the exposed surfaces of teeth;
   3. apply oxygenating agents in the oral cavity (not in excess of 10 volume U.S.P.), but not to include endodontic therapy;
   4. give instruction in and supervise oral hygiene care; and
   5. insert temporary medicinal fillings using hand instruments only.

B. Tasks which may be performed by a dental auxiliary with on-the-job training, under the direct supervision of a dentist who shall examine the mouth of the patient immediately prior to and immediately following the accomplishment of the task:

1. take impressions for complete mouth study casts, using irreversible hydro-colloid. This cast may not be used for the fabrication of any appliance designed to be worn in the mouth;
2. give topical applications in the oral cavity of silver nitrate, anti-inflammatory agents, astringents, and topical anesthetics, but excluding aerosol sprays;
3. place and remove rubber dam;
4. remove excess cement from dental restorations and orthodontic appliances;
5. remove sutures, excluding wire sutures and extra-oral sutures;
6. insert and remove dressings from alveolar sockets in post-operative osteitis;
7. place and remove periodontal dressings; and
8. cement temporary crowns and bridges, utilizing temporary cement.

In cases of emergency, the auxiliary may perform the three last-named procedures without pre-examination by the dentist. Such emergency treatment by auxiliaries is authorized, for example, when the patient is uncomfortable because of the loss of dressings or temporary fillings.

C. Tasks which may be performed by a dental auxiliary who has received formal training approved by the Board and works under the supervision of a dentist:

1. polish the clinical crowns of the teeth for the purpose of removing stains. The existing contour of the tooth must not be changed and instrumentation shall be limited to rubber cups, bristle brush, port polishers, and polishing materials; and
2. polish restorations. The existing contour of the tooth shall not be changed and instrumentation shall be limited to polishing materials.

D. Tasks which may be performed by a dental auxiliary who has received formal training approved by the Board and works under the direct supervision of a dentist who shall examine the patient immediately prior to and immediately following the accomplishment of the task:

1. place and remove matrices; and
2. obtain bacteriological cytological specimens, involving no cutting of the tissue and not to include endodontic cultures.

The two tasks in the preceding group D are those that remain after the 1973 revision of the earlier rules and regulations. This revision deleted authorizations for placement of silicate restorations and for administration of several types of injections, including administration of local anesthetics by infiltration.

To the previously listed traditional tasks assigned to the dental hygienist in the act itself, the current Board rules and regulations also assign the tasks of gingival curettage and root planing to hygienists only, after they have received formal training approved by the Board and when working under the supervision of the dentist.

The definitions which determine the groupings of auxiliary functions, as given in the act or in the Board's rules, are as follows:

1. *Supervision.* The auxiliaries' duties and procedures are performed in the office of the dentist "under his order, control and responsibility."
2. *Direct Supervision.* The auxiliaries are to perform their duties and procedures under the dentist's order, control, and

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1. *Supervision.* The auxiliaries' duties and procedures are performed in the office of the dentist "under his order, control and responsibility."
2. *Direct Supervision.* The auxiliaries are to perform their duties and procedures under the dentist's order, control, and

responsibility, and in a dental office when the dentist is physically present.

3. *On-the-Job Training.* Training in the office of a dentist currently licensed in Florida. "Such on-the-job training is the legal and moral responsibility of the dentist who trains the auxiliary." (However, in the last revision of its rules, the Board extended the above formal definition to state that auxiliaries may also qualify by training in a school approved by the Board to teach expanded duties.)
4. *Formal Training.* Training by a Board-approved school. All schools in Florida desiring to teach expanded duties of auxiliary personnel are required to submit for Board approval an outline of their proposed curriculum, staf equipment.

The Board of Dentistry has issued a formal "Notice" states that those auxiliary duties which require formal tr cannot be performed until the auxiliary has received a cert which shows that the required formal training has been rec The Board has approved a number of Florida schools to pr formal training in expanded functions for dental auxiliaries

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In summary, Florida has amended its Dental Practice Act and promulgated implementing rules and regulations which list authorized expanded functions for both dental hygienists and dental assistants.

Georgia

In 1972, Georgia amended its Dental Practice Law by adding a new section which authorizes the Board of Dental Examiners to prescribe by rules and regulations those services, procedures, and practices which may be performed by dental hygienists, dental assistants, and other persons, and to impose such requirements and restrictions on the performance of such dental auxiliaries as the Board shall deem necessary and proper. Under this legislated authority, the Board issued new rules and regulations in 1973, permitting expanded functions for dental auxiliaries.

The sections of the law relating to dental hygienists were not changed by the 1972 amendment and continue in effect, stipulating that the dental hygienist, working under the supervision of a licensed dentist, may perform the following intra-oral functions:

1. remove calcareous deposits, accretions, and stains from normally exposed surfaces of the teeth; and
2. apply ordinary washes of a soothing character.

The law itself does not specify any tasks for dental assistants.

With regard to rules and regulations, the Board of Dental Examiners retained those provisions of the previous rules relating to traditional functions of hygienists and assistants, even though the 1973 amendment to the rules provides a much broader authorization of auxiliary functions. The new rules contain an open provision which authorizes the dentist to delegate to "competent auxiliary personnel" (not further identified, but apparently including both hygienists and assistants) those procedures for which the dentist exercises direct supervision and control, except procedures which require professional judgment and skill, such as

1. diagnosis and treatment planning;
2. the cutting of hard and/or soft tissues;
3. any intra-oral procedure which would lead to the fabric tion of an appliance or prosthesis which, when worn by th patient, would come in direct contact with hard or so tissues and which could result in tissue irritation or injury
4. the placing of any final restoration;
5. the administration of local anesthesia; and
6. any other irreversible procedures which would require th professional judgment and skill of a dentist.

The new rules also indicate that the hygienist shall be the onl auxiliary to perform functions specifically authorized for hygie ists in the law.

The new rules provide a detailed definition of the phrase "dire supervision and control" as it pertains to delegated procedure The Board defines the phrase to mean that a licensed dentist present in the office where the delegated procedures are being pe formed, with the dentist directly and personally supervising, e amining, and evaluating the results of the procedures. The denti shall be personally and professionally responsible and liable f all results of procedures he delegates to any other person.

In summary, new rules issued by the Board of Dental Exan iners pursuant to amendment of the Dental Practice Law conta an open povision which authorizes the dentist to delegate expand functions to both dental hygienists and assistants, except for pr cedures that require the knowledge and skill of the dentist.

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4. the placing of any final restoration;
5. the administration of local anesthesia; and
6. any other irreversible procedures which would require the professional judgment and skill of a dentist.

The new rules also indicate that the hygienist shall be the only auxiliary to perform functions specifically authorized for hygienists in the law.

The new rules provide a detailed definition of the phrase "direct supervision and control" as it pertains to delegated procedures. The Board defines the phrase to mean that a licensed dentist is present in the office where the delegated procedures are being performed, with the dentist directly and personally supervising, examining, and evaluating the results of the procedures. The dentist shall be personally and professionally responsible and liable for all results of procedures he delegates to any other person.

In summary, new rules issued by the Board of Dental Examiners pursuant to amendment of the Dental Practice Law contain an open povision which authorizes the dentist to delegate expanded functions to both dental hygienists and assistants, except for procedures that require the knowledge and skill of the dentist.

Haw

The current Hawaii Dental Act authorizes the Board of Dental Examiners to permit expanded functions for both dental hygienists and dental assistants.

The act authorizes dental hygienists, acting under the direct supervision of the dentist, to perform the following tasks:

1. removal of hard and soft deposits and stains from the portions of the crown and root surfaces of the teeth to the depth of the gingival sulcus;
2. polishing natural and restored surfaces of teeth;
3. applying to the coronal surfaces of teeth such preventive chemical agents as have been approved by the Board of Dental Examiners or by the Department of Health; and
4. use of mouthwashes approved by the Board.

In addition to these hygienist tasks specifically permitted,
current act authorizes the hygienist to perform other proced
delegated by the dentist in accordance with the rules and reg
tions of the Board. However, the act still retains some wor
from the prior act which prohibits the hygienist from perform
any operation on the teeth or tissues of the mouth other
those authorized.

With respect to dental assistants, the act states that the Bo
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As of last report, rules and regulations on auxiliary funct
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have been approved by the Board of
or by the Department of Health; and

s approved by the Board.

Hawaii

In addition to these hygienist tasks specifically permitted, the current act authorizes the hygienist to perform other procedures delegated by the dentist in accordance with the rules and regulations of the Board. However, the act still retains some wording from the prior act which prohibits the hygienist from performing any operation on the teeth or tissues of the mouth other than those authorized.

With respect to dental assistants, the act states that the Board shall adopt rules and regulations which delineate the duties of these auxiliaries, who shall perform all tasks assigned them under the general supervision, direction, and responsibility of the dentist.

As of last report, rules and regulations on auxiliary functions which provide for delegation of expanded functions are under consideration by the Board but have not yet been issued.

Idaho

The Idaho Dental Law was amended in 1971 to permit the Board of Dentistry to extend the range of dental services which a dental hygienist may perform and also to direct the Board to specify the tasks and functions of dental assistants. Pursuant to the amended law, the Board issued new rules and regulations in 1972 which list authorized functions for both hygienists and assistants, extending the tasks and duties of dental hygienists beyond those named in the law and, for dental assistants, delineating their functions for the first time.

The prior law had a list of functions specifically assigned to dental hygienists. This list of hygienist functions, to be performed under direct supervision of the dentist, is retained in the amended law, as follows:

1. cleaning, polishing, and removing stains or concretions;
2. administering prescribed medicaments;
3. applying preventive agents;
4. performing nonsurgical clinical and laboratory oral diagnosis tests for interpretation by a dentist; and
5. preparation of preliminary records of oral conditions for interpretation by a dentist.

The law was amended at this point by addition of a broad provision to allow a hygienist to perform such other dental services as may be specified by the Board from time to time in its adopted rules and regulations, provided that a hygienist shall not be authorized to perform the following:

1. diagnosis of oral conditions and treatment planning;
2. prescription of drugs and laboratory work authorizations;
3. performance of surgical procedures on hard and soft tissue; and
4. taking of any final impressions of the teeth or jaws or the relationship of the teeth or jaws for the purpose of fabricating any intra-oral restoration, appliance, or prosthesis.

The prior law did not provide a list of such specifically prohibit duties.

The previous law had made no specific mention of dental sistants. Another major change in the present law is recogniti and description of this category of dental auxiliary. A dental sistant is defined as a person who need not be licensed, is re larly employed by a dentist at his office, works under the denti direct supervision, and is adequately trained and qualified to p form permitted dental services according to standards to established by the Board.

The amended law does not name any specific tasks of den assistants but carries a provision which authorizes the dentist allow them "to perform any dental services as may be specif by the Board," provided that such services shall not include:

1. any services which a dental hygienist may not perfor whether such services are prohibited by the law or by Board;
2. removal of calculus deposits from natural tooth surfa and the performance of soft tissue curettage procedures;
3. administration of general or injected local anesthetic of nature in connection with a dental operation;
4. conducting oral examination for the purpose of charti existing conditions; and
5. interpreting radiographs.

The new rules and regulations adopted by the Board of D tistry in 1972 authorize dental assistants to perform the followi listed activities and tasks:

1. provide chairside assistance to the dentist who is perfo ing dental operations and in response to the dentist's spec directions, such as retracting a patient's cheek and remov oral debris by water, compressed air, and vacuum devic

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The amended law does not name any specific tasks of dental assistants but carries a provision which authorizes the dentist to allow them "to perform any dental services as may be specified by the Board," provided that such services shall not include:

1. any services which a dental hygienist may not perform, whether such services are prohibited by the law or by the Board;
2. removal of calculus deposits from natural tooth surfaces and the performance of soft tissue curettage procedures;
3. administration of general or injected local anesthetic of any nature in connection with a dental operation;
4. conducting oral examination for the purpose of charting existing conditions; and
5. interpreting radiographs.

The new rules and regulations adopted by the Board of Dentistry in 1972 authorize dental assistants to perform the following listed activities and tasks:

1. provide chairside assistance to the dentist who is performing dental operations and in response to the dentist's specific directions, such as retracting a patient's cheek and removing oral debris by water, compressed air, and vacuum devices;

2. expose and develop radiographs of the mouth, gums, jaws, or teeth, or any parts of them;
3. apply topical medicaments as prescribed by the dentist;
4. assist with the placement of rubber dams in the patient's mouth;
5. remove excess cement from and adjacent to recently-cemented crowns, bridges, and orthodontic bands;
6. pre-select orthodontic bands, wires, and temporary crowns;
7. place matrix bands;
8. perform dietary analysis and salivary analysis, prepare smears, and administer caries control programs, including demonstration of home oral care procedures; and
9. remove and replace ligature wires on orthodontic appliances.

At the same time, the new rules and regulations refer to and confirm the prohibition of tasks listed in the law and also specify the following activities which assistants may not perform:

1. diagnosis;
2. making jaw registrations, or making oral impressions, for any purpose;
3. placing or carving restorative materials in any manner;
4. placing or seating temporary restorations;
5. adjusting of any appliance or other structure to be worn in the mouth;
6. placement or removal of periodontal packs;
7. removal of sutures;
8. administration of any general anesthetic, infiltration anesthetic, or any injectable nerve block procedure;
9. mechanical polishing of teeth; and
10. any other task or procedure which is prohibited by the law or which is not authorized by these rules and regulations.

Subject to provisions of the law, the Board also issued new rules and regulations on the functions of dental hygieni authorizing them to:

1. perform any dental service permitted or authorized to performed by dental assistants;
2. perform a complete prophylaxis, to include scaling, r planing, and polishing of fillings with the provision t these procedures shall not include removal of cari lesions;
3. administer infiltration local anesthetic to facilitate a m comfortable prophylaxis or scaling, under supervision responsibility of a dentist;
4. remove sutures and periodontal packs; and
5. take impressions for study models.

As is the case with regard to dental assistants, the revised r and regulations also present a statement of tasks and functi prohibited to hygienists. Dental hygienists are not authorized t

1. engage in the operative preparation of teeth for the pl ment of restorative materials;
2. place or carve restorative materials in any manner;
3. engage in administration of any general anesthesia or injectable nerve block procedure.

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The matter of further expanded functions for dental aux ries is still being deliberated in Idaho. Without formally aut izing them in the rules and regulations, the Board has, by v indicated that it favors the authorization of certain additi expanded functions for dental hygienists and assistants. H ever, the Board has been advised by legal counsel that some "legislative guidelines" are necessary before those additi

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1. perform any dental service permitted or authorized to be performed by dental assistants;
2. perform a complete prophylaxis, to include scaling, root planing, and polishing of fillings with the provision that these procedures shall not include removal of carious lesions;
3. administer infiltration local anesthetic to facilitate a more comfortable prophylaxis or scaling, under supervision and responsibility of a dentist;
4. remove sutures and periodontal packs; and
5. take impressions for study models.

As is the case with regard to dental assistants, the revised rules and regulations also present a statement of tasks and functions prohibited to hygienists. Dental hygienists are not authorized to:

1. engage in the operative preparation of teeth for the placement of restorative materials;
2. place or carve restorative materials in any manner; and
3. engage in administration of any general anesthesia or any injectable nerve block procedure.

The Board also states that no dental hygienists shall engage in any tasks or procedures not authorized by the law or by the rules and regulations.

The matter of further expanded functions for dental auxiliaries is still being deliberated in Idaho. Without formally authorizing them in the rules and regulations, the Board has, by vote, indicated that it favors the authorization of certain additional expanded functions for dental hygienists and assistants. However, the Board has been advised by legal counsel that some new "legislative guidelines" are necessary before those additional expanded functions may be formally authorized in the rules and regulations.

In summary, Idaho amended its Dental Law in 1971, authorizing the Board to extend and delineate the functions of dental hygienists and dental assistants, limited only by a list of prohibitions for each. In 1972, the Board implemented the law issuing extensive revisions of its rules and regulations, setti forth lists of both authorized and prohibited tasks for hygieni and assistants respectively. Both lists of authorized tasks inclu some expanded functions.

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Illin

The Illinois Dental Practice Act was amended in 1971 to authorize the Department of Registration and Education (acting upon recommendation of the Dental Examining Committee, comparable to dental boards elsewhere) to issue rules and regulations allowing dentists to delegate various procedures to dental hygienists.

More specifically, the amended act lists certain traditional tasks permitted for the hygienist and concludes with a broad provision which allows assignment of additional tasks, as follows:

1. dental health education;
2. recording of case histories and observed oral conditions;
3. oral prophylaxis;
4. exposure and processing of roentgenograms of the teeth and surrounding structures;
5. application to the surfaces of the teeth of chemical compounds approved by the American Dental Association, such as desensitizing agents or agents effective in preventi dental caries; and
6. "such other procedures and acts as shall be prescribe rule or regulation of the Department of Registration Education."

The broad authorization at the end of the list clearly emp the Department of Registration and Education to issue rule regulations assigning expanded functions to the hygienist. ever, the Department has not yet issued any implementing and regulations on hygienist tasks.

With respect to dental assistants, there has as yet bee comparable revision of the act to provide a mechanism assignment of expanded functions. Nor are any rules and re tions in effect with regard to functions of dental assistants.

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The matter of expanded functions for both dental hygienists and assistants has been under study by the Illinois dental authorities but, as of last report, no formal action has been completed.

Indiana

By amendment of its State Dental Laws in 1971, Indiana introduced a provision which states that the practicing dentist may delegate to "competent office personnel" (not further identified) procedures over which he exercises direct supervision and full responsibility. He may not, however, delegate any procedures which require professional judgment and skill, such as:

1. diagnosis and treatment planning;
2. cutting of hard and/or soft tissues; and
3. any intra-oral impression which would lead to the fabrication of an appliance which, when worn by the patient, would come in direct contact with hard or soft tissues and which could result in tissue irritation or injury.

The amended dental laws specifically reserve to the dental hygienist certain traditional functions and prohibits these stated functions to other auxiliaries. According to the current laws, the hygienist may:

1. remove calcific deposits or accretions from the surfaces of teeth, or clean or polish teeth; and
2. apply and use within the patient's mouth such antiseptic sprays, washes, or any medicaments for the control or prevention of dental caries as the employer-dentist may direct.

In summary, Indiana's current dental laws seem to give the dentist broad authority to delegate numerous functions, including expanded functions, to competent office personnel, presumably covering both dental hygienists and dental assistants, subject only to the stated prohibitions.

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Io

In Iowa the functions of dental hygienists are set forth both in the Dental Practice Act and in rules and regulations issued by the Board of Dentistry. Functions of dental assistants are specified in the Board document only. Both the act and the rules and regulations are those which were extant in 1969, with the exception that some clarifications to Board rules and regulations with regard to dental assistants were added in 1972.

The act states that the dental hygienist, working under supervision of the dentist, may perform those services of an educational, therapeutic, and preventive nature which attain or maintain oral health, as determined by the Board. Such services "may include but are not necessarily limited to":

1. complete oral prophylaxis;
2. application of preventive agents to oral structures;
3. exposure and processing of radiographs;
4. administration of medicaments prescribed by the dentist;
5. obtaining and preparing clinical and oral diagnostic tests (nonsurgical) for interpretation by the dentist; and
6. preparation of preliminary written records of oral conditions for interpretation by the dentist.

In rules and regulations issued pursuant to the act, the Board of Dentistry sets forth the permitted duties of the dental hygienist, in part repeating functions given in the act and in part listing additional functions. The hygienist functions as grouped and listed by the Board are as follows:

1. *Educational:* issuing to the patient written and oral instruction for optimal oral health, including instructions for proper brushing and interdental stimulation;
2. *Therapeutic:* application or administration of medicaments prescribed by the dentist, and complete oral prophylaxis of all surfaces of the teeth to the depth of the attached gingiva;
3. *Preventive:* topical application of medicaments and v
other methods for caries control; and
4. *Diagnostic:* making of X-ray exposures of teeth an
rounding tissues, obtaining and recording vital medic
dental history (including the charting of carious l
periodontal pockets, and other abnormal conditions)
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With regard to permitted functions of dental assistan
rules and regulations provide greater latitude than in the pre
list for hygienists. The Board has promulgated an ope
vision whereby dental assistants, acting under supervisio
dentist, "may perform all services," subject to a list of con
which is a composite of prohibitions and authorization
dental assistants may not:

1. remove from or add to the hard or soft tissue of th
cavity, except the surplus residue of restorative mat
2. diagnose, prescribe for, or give treatment to correct
medicine, appliance, or method, any disease, di
lesion, injury, deformity, or defect of the oral cavity,
gums, or maxillary or mandibular arches, except for
cation of topical fluorides;
3. administer anesthetics, except topical anesthetics;
4. perform a prophylaxis, except for polishing the tee
their restorations; and
5. make any impression of the maxillary or mandibula
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It should be noted that the foregoing exceptions followin
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3. *Preventive:* topical application of medicaments and various other methods for caries control; and
4. *Diagnostic:* making of X-ray exposures of teeth and surrounding tissues, obtaining and recording vital medical and dental history (including the charting of carious lesions, periodontal pockets, and other abnormal conditions), and making impressions for study models.

With regard to permitted functions of dental assistants, the rules and regulations provide greater latitude than in the prescribed list for hygienists. The Board has promulgated an open provision whereby dental assistants, acting under supervision of a dentist, "may perform all services," subject to a list of conditions which is a composite of prohibitions and authorizations, i.e., dental assistants may not:

1. remove from or add to the hard or soft tissue of the oral cavity, except the surplus residue of restorative materials;
2. diagnose, prescribe for, or give treatment to correct by any medicine, appliance, or method, any disease, disorder, lesion, injury, deformity, or defect of the oral cavity, teeth, gums, or maxillary or mandibular arches, except for application of topical fluorides;
3. administer anesthetics, except topical anesthetics;
4. perform a prophylaxis, except for polishing the teeth and their restorations; and
5. make any impression of the maxillary or mandibular arch, except for study models.

It should be noted that the foregoing exceptions following each of the prohibited tasks represent specific authorizations which, in effect, comprise a list of dental assistant functions. These authorizations were added in this manner in 1972 by the Board's revision of its rules and regulations and constitute representative examples of tasks assistants may perform. However, it seems that these examples do not diminish the effect of the open provision, which would still permit the assistant to perform tasks other than those specifically listed in the revised rules and regulations.

In summary, the situation in Iowa is such that the dental hygienist seems to be limited to specific tasks, which include some expanded functions, but the tasks of dental assistants are authorized by an open provision which, with the exception of certain tasks on a prohibited list, seems to allow them to perform all functions at the direction of the dentist, including expanded functions.

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Kans

The Kansas Dental Law was amended in 1967 to permit dentists to delegate expanded functions to dental assistants by an open provision, but the amendment did not similarly extend the scope of work for dental hygienists. However, the Kansas Dental Board in 1972 authorized a list of additional functions for hygienists, including some expanded functions.

The law itself still allows hygienists only the function of prophylaxis. Working under the supervision of the dentist, the hygienist may remove lime deposits, accretions, and stains from the exposed surfaces of the teeth and directly beneath the free margins of the gums. The law also states that the hygienist is not to perform any other operations on the teeth or mouth.

The rules and regulations issued by the Kansas Dental Board several years ago require that, in removing accretions, deposits, and stains from exposed surfaces of teeth and from beneath free margins of the gums, the hygienist shall restrict these prophylactic procedures to areas as defined by recognized schools of dentistry. The Board also assigned to hygienists the additional function of giving fluoride treatments.

In 1972, without specific authorization in the amended law but pursuant to its general rule-making authority, the Kansas Dental Board issued a list of expanded duties and functions which dental hygienists may perform, under direct supervision of a dentist, as follows:

1. deep scaling and soft tissue curettage;
2. placement and removal of periodontal packs and post-operative surgical packs;
3. removal of sutures;
4. charting of the mouth (but refraining from any diagnosis), which may include charting of gross caries and use of a pulp tester to check tooth vitality;
5. diet analysis and lactobacillus counts;
6. polishing restorations;
7. application of sealants;
8. placement of medicated dressings;
9. placement and removal of rubber dams;
10. taking impressions for diagnostic study models;
11. patient education for disease prevention and oral h
    maintenance; and
12. application of topical anesthesia.

The Board further provides that the hygienist is prohibited
performing any of the newly-listed tasks when the empl
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The Board has not issued similar rules and regulations
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The Board further provides that the hygienist is prohibited from performing any of the newly-listed tasks when the employer-dentist is out of the office and thus is unable to provide the required direct supervision.

The Board has not issued similar rules and regulations delineating or defining specific functions for any other dental auxiliaries.

The 1967 amended law (currently still in effect) introduced a broad authorization for the dentist to delegate to a "nonlicensed person" (for example, a dental assistant), working under his supervision, "the performance of any dental service of any kind," which authorization constitutes an open provision. However, the law prohibits the assistant from performing any and all of the following:

1. removal of or addition to the hard or soft tissue of the oral cavity;
2. diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury or physical condition of the teeth, jaws, or adjacent structure;
3. correction of malformation of teeth or jaws; and
4. administration of general or local anesthesia in connection with a dental operation.

The law also prohibits the nonlicensed person from performing prophylaxis. However, the Kansas Dental Board has formally decided that the use of a rubber cup, pumice, and dental floss could be exempt from coverage by the term "prophylaxis" and therefore a dental assistant may polish the coronal part of te as a permitted delegated task, to be performed under the dir supervision of the dentist.

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Kentuc

By enabling legislation which became effective in 1970 the powers of the Board of Dental Examiners of Kentucky were extended to include specifically the regulation of the use of dental auxiliary personnel. Pursuant to this legislation, the Board deleted from its regulations the detailed list of duties delegated to dental assistants and adopted a broad and flexible administrative regulation for dental auxiliary personnel.

This new regulation of the Board states that a legally licensed and registered dentist may delegate to competent auxiliary personnel those procedures for which the dentist exercises direct supervision and full responsibility, except:

1. those procedures which require professional judgment and skill, such as diagnosis and treatment planning, the cutting of hard and/or soft tissue, or any intra-oral procedure which will be used directly in the fabrication of an appliance which, when worn by the patient, would come in direct contact with hard or soft tissue;
2. those procedures allocated by the State Dental Law to licensed dental hygienists;
3. administration of injectable medication or anesthe
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3. administration of injectable medication or anesthesia by auxiliary personnel unless otherwise authorized by law; and
4. radiographic exposures, unless qualified for this function by first completing a prescribed course in dental radiography in an approved dental school.

Most of the list of specific duties of hygienists was deleted by the same 1970 revisions of the law. Duties still reserved to hygienists in the present law are scaling, polishing, and planing of teeth, removing calcareous deposits, and removing accumulated accretion from beneath the free margin of the gums. Moreover, the supervising dentist may delegate to the dental hygienist other dental activities not specifically prohibited by the law or by the Board.

In summary, the situation in Kentucky is that the Board's regulations, by an open provision, authorize the dentist to delegate expanded functions to dental hygienists and dental assistants, subject only to certain stated prohibitions.

Louisiana

By amendment in 1970, the Louisiana Laws Governing the Practice of Dentistry extended the powers of the State Board of Dentistry to regulate the practice of dentists, dental hygienists, and other auxiliary personnel (including dental assistants) by authorizing the Board to prescribe "those acts, services, procedures, and practices which may be performed and imposing such requirements and restrictions on the performance thereof as it shall deem proper and necessary to protect and promote the public health." Pursuant to the amended law, the Board issued rules and regulations which authorize listed functions for dental hygienists and dental assistants, including some expanded functions.

The dental hygienist is assigned minimal traditional functions in the law itself, but there is no listing or description whatever of specific functions for the dental assistant. When the law was amended in 1970, it kept unchanged that section in the previous law which states that a dental hygienist may:

1. remove calcic deposits, accretions, and stains from the surface of the teeth; and
2. operate an X-ray machine.

The present law also still retains a prior restriction that the hygienist shall not perform any other operation on the teeth or tissues of the mouth and must perform the above authorized functions under the general direction or supervision of the dentist.

The Board's rules and regulations reaffirm that the dental hygienist may perform the prophylaxis and X-ray functions authorized in the law. The rules and regulations contain a list of additional functions and tasks which the hygienist may perform, as follows:

1. perform deep scaling, root planing, and polishing with hand or mechanical instruments;
2. remove, prepare, and replace periodontal packs after initial placement by the dentist;
3. insert and remove temporary fillings;
4. polish fillings, including the polishing to smooth any overhanging margins of fillings or uneven surface of the enamel;
5. place and remove rubber dam;
6. apply topical medicaments;
7. remove socket dressings, irrigate oral wounds, and remove sutures;
8. take impressions for study models; and
9. perform all of the specific duties authorized for dental assistants.

The rules and regulations specify that the dental assistant may only perform the following listed tasks and functions:

1. serve as the dentist's chairside assistant;
2. take and develop dental X-rays and intra-oral photographs;
3. take and record pulse, blood pressure, and temperature;
4. apply topical anticariogenic solution to the teeth;
5. chart the mouth, floss the teeth, and make preliminary inspections of the mouth and teeth with a mouth mirror and floss only;
6. give intra-oral instructions and demonstrations of oral hygiene procedures;
7. place or remove celluloid or plastic strips between teeth for placement of filling material by the dentist;
8. remove ligature ties;
9. receive removable prosthesis for cleaning or repair work;
10. remove cement from dental restorations and appliances, with hand instruments only, limited to the clinical crown; and
11. make dental plaque smears.

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8. remove ligature ties;
9. receive removable prosthesis for cleaning or repair work;
10. remove cement from dental restorations and appliances, with hand instruments only, limited to the clinical crown; and
11. make dental plaque smears.

With regard to supervision, the rules and regulations vary slightly for dental hygienists and assistants. The hygienist is to work in the office of the dentist under his "direct on-premises supervision." The assistant is subject to somewhat clos vision and is to work under the dentist's "direct on- supervision, direction and responsibility."

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Maine

The Maine Dental Practice Act as amended through 1971 contains a very general provision for the duties of the dental hygienist, stating that, under the supervision of the dentist, the hygienist may perform such duties as shall be defined and set forth in rules and regulations of the Board of Dental Examiners. The itemized list of dental hygienist duties contained in the prior version of the act has been deleted in its entirety.

Pursuant to the amended act, the Board has issued rules and regulations listing the following specific duties of the dental hygienist:

1. perform all procedures necessary for a complete prophylaxis, including root planing and curettage;
2. perform oral inspection, recording any oral conditions which should be called to the attention of the dentist;
3. apply fluorides or other substances beneficial in control of caries and/or apply desensitizing agents;
4. smooth and polish restorations;
5. take a complete medical and dental history;
6. counsel patients in dental health education and nutrition;
7. expose and process intra-oral and extra-oral films;
8. cement facings and pontics outside of the mouth;
9. place rubber dams; and
10. remove sutures and periodontal packs.

The revised act has introduced a new section on dental auxiliaries which states that the Board shall also define and govern the duties of dental auxiliaries other than dental hygienists. In pursuance of this portion of the amended act, the Board has issued rules and regulations to authorize a dentist to delegate to competent dental auxiliary personnel (except dental hygienists) those procedures for which the dentist exercises direct supervision and full responsibility, except as follows:

1. procedures which require professional judgment and skill, such as diagnosis and treatment planning, cutting of hard and/or soft tissues, or any intra-oral procedure which would lead to the fabrication of an appliance which, when worn by the patient, would come in direct contact with hard or soft tissue; and
2. procedures listed in items No. 1-4 of the preceding section of rules and regulations on the duties of dental hygienists.

Thus, the situation in Maine is that the revised act does not list specific duties for dental hygienists or other dental auxiliaries and assigns designation of auxiliary duties to the Board of Dental Examiners. Pursuant to the act, the Board has promulgated an itemized list of duties for dental hygienists, including some expanded functions. With regard to other dental auxiliaries, the Board's rules and regulations contain an open provision which would allow the dentist to delegate to dental assistants any procedures which are not specifically prohibited and for which he exercises direct supervision and responsibility. Thus this provision permits expanded functions for dental assistants.

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Maryla

In 1973 Maryland amended its State Dental Law with regard to dental hygienists by authorizing the State Board of Dental Examiners to add intra-oral functions to those listed in the law, except for certain named prohibited functions. This amendment relieves hygienists from a previous limitation to a list of traditional functions and makes it possible for the Board to assign various additional functions to hygienists, including expanded functions, as had been done for dental assistants in earlier legislative and regulatory changes. As of last report, the Board has not yet issued rules and regulations on hygienist functions.

The amended Maryland Dental Law defines the practice of dental hygiene to include the following functions and tasks:

1. performing a preliminary examination;
2. complete prophylaxis, including removal of deposits, accretions, and stains from the surfaces of teeth and restorations;
3. polishing teeth and restorations;
4. charting of cavities during the above operations;
5. taking dental X-rays; and
6. applying medicinal agents to teeth for prophylactic purposes.

The current law now also broadly authorizes the Board of Dental Examiners, by written rule or regulation, to add other intra-oral functions to the legal definition of the practice of dental hygiene, except that the hygienist may not perform diagnosis, extraction, cavity repair, correction of tooth placement, surgical procedures, and anesthesia procedures.

A section of the law on practice requirements reserves dental hygiene functions to licensed dentists and to persons qualified as dental hygienists, thus excluding other dental auxiliaries.

Neither the previous nor the present law gives any specific functions or tasks for dental assistants. This matter is left entirely to the Board of Dental Examiners. The amended dental law retains intact the provision that the Board may promulgate rules
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Rules and regulations issued by the Board refer to the fu
of qualified dental assistants in a very brief and general
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1. diagnosis and treatment planning;
2. surgery on hard or soft tissues;
3. any intra-oral procedure which would lead to the
   tion of any appliance or prosthesis;
4. placing any restoration;
5. administering local or general anesthesia;
6. any intra-oral services or procedures that will
   appliances whose function is to correct malocclusio
   malformations of teeth or jaws; and
7. taking impressions within the oral cavity.

The regulations define the term "qualified dental as
as meaning any person, other than a dental hygienist, w
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may attain this qualified status in any of several ways: c
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ovision that the Board may promulgate rules and regulations governing how dentists may utilize dental assistants performing intra-oral procedures, all such intra-oral procedures to be performed under direct supervision of the dentist personally present in the office area in which the duties are assigned. The dentist may assign to qualified dental assistants procedures that do not require the professional competence or skills of the dentist, subject to Board regulations.

Rules and regulations issued by the Board refer to the functions of qualified dental assistants in a very brief and general clause which states that they "may perform intra-oral tasks," subject to the restriction that they may not perform any service such as:

1. diagnosis and treatment planning;
2. surgery on hard or soft tissues;
3. any intra-oral procedure which would lead to the fabrication of any appliance or prosthesis;
4. placing any restoration;
5. administering local or general anesthesia;
6. any intra-oral services or procedures that will activate appliances whose function is to correct malocclusions and malformations of teeth or jaws; and
7. taking impressions within the oral cavity.

The regulations define the term "qualified dental assistant" as meaning any person, other than a dental hygienist, who performs or helps the dentist to perform intra-oral duties and who may attain this qualified status in any of several ways: certification by the American Dental Assistants Association, or completion of training sponsored or provided by dental societies or educational institutions, or completion of at least 1 year as a chairside dental assistant prior to July 1971. The regulations reiterate the provision in the law which states that intra-oral procedures may be performed only by such qualified dental assistants, working at the specific direction and under direct supervision of the dentist, personally present in the office area. The regulations require additional specific qualifications for dental assistants to place and expose dental radiographs.

In summary, the Maryland Dental Law authorizes the dental hygienist to perform certain specific traditional functions and, by recent amendment, authorizes the Board of Dental Examiners to issue rules and regulations assigning hygienists additional functions, except for specified prohibited tasks. As of last report, the Board has not yet issued such rules and regulations for hygienists. The law does not list any specific functions for dental assistants but authorizes the dentist to assign to qualified dental assistants such intra-oral procedures as the Board may authorize. The regulations of the Board contain an open clause which simply states that the assistant may perform intra-oral tasks, subject only to certain restrictions.

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Massachuse

Massachusetts has no authorization and no mechanism for assigning expanded duties to dental hygienists or dental assistants.

The Massachusetts Dental Law states that a dental hygienist, working under the general direction of a dentist, may perform any of the following duties:

1. removing tartar deposits, accretions, and stains from exposed surfaces of teeth and directly beneath free margins of gums;
2. polishing teeth, including fillings in the teeth;
3. recording, or reporting to the dentist, any oral conditions observed;
4. topical applications of medicinal agents to the teeth and other oral tissues for prophylactic purposes;
5. taking dental X-rays; and
6. assisting the dentist in any phase of operative and su procedures in dentistry and anesthesia.

The Board of Dental Examiners has issued rules and regul specifically limiting the duties of dental hygienists to described in the law. They state that hygienists may not pe any other operations in the mouth and shall not attempt dia or treatment of diseased oral tissues.

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Dental assistants are not mentioned in the law, and they are mentioned in the Board's rules and regulations only once, in a provision which authorizes dental assistants to take X-rays under the direction of a dentist.

Michigan

The Michigan Dental Law was amended at the end of 1973 to extend the list of functions permitted for dental hygienists by law and to empower the State Board of Dentistry to assign additional functions to hygienists by issuance of appropriate rules. The amended law also introduced new provisions which, for the first time, empower and direct the Board to issue rules which delineate and authorize tasks for any dental auxiliaries who work with patients. As of last report, the Board was in the process of devising such rules.

The amended law authorizes dental hygienists, working under the direction of a licensed dentist, to perform the following listed tasks, ending with a broad item which opens the way for assignment of additional functions:

1. removal of accretions and stains, including calcareous deposits, from the teeth;
2. deep scaling;
3. root planing;
4. polishing of restorations;
5. placement and removal of surgical dressings, and;
6. "additional functions and operations as the Board prescribes by rule."

Amendment of the law concurrently deleted a prior provision that prohibited the hygienist from performing any operation on the teeth, mouth, or tissues of the oral cavity other than those listed in the law. Another section of the amended law specifically reserves removal of calcareous deposits, deep scaling, and root planing for delegation to the hygienist only and to no other auxiliary.

The amended law states that one of its purposes is to introduce authorizations for dental assistants. The prior law did not mention dental assistants or any tasks specifically to be performed by assistants.

To carry out the foregoing purpose, the amended law introduced a new section which states that "a person" may assist i rendering dental care to a patient under the supervision of licensed dentist, but such person (not further identified in thi section, but obviously including the dental assistant) shall no perform any of the following tasks:

1. diagnosis;
2. prescription for a disease, pain, deformity, deficiency injury, or physical condition;
3. cutting of the tooth, alveolar process, gums, jaws, or attendant tissue;
4. restoration of hard or soft tissue;
5. independent administration of anesthesia, analgesia, o acupuncture; and
6. "other procedures prohibited by rules promulgated by th Board."

There are, however, other provisions which allow certai persons to perform various functions, even including some functions on the foregoing prohibited list. The amended law state that, where the Board finds that the dental health of the patien would not be jeopardized, the Board may issue to an auxiliary a certificate to perform certain procedures, which the dentist may then delegate to the auxiliary. Such a certificate shall be issued to a person who has satisfactorily completed an approved program of training to perform the delegated procedures and who ha passed an appropriate examination that may be given by the Board. If the holder of such a certificate applies for authorizatio to perform additional delegated procedures, the Board shall indicate what additional training shall be satisfactorily completed fo an "expanded certificate." An applicant for a certificate must als provide satisfactory evidence of good moral character and pay fee.

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If a dental hygiene training program qualifies a hygienist to perform any of the functions for which the Board grants a certificate (as just described), the Board shall authorize and grant a certificate to the dental hygienist to perform those functions without further training.

The amended law also states that the Board of Dentistry shall adopt rules which prescribe the training and education required by auxiliaries to qualify for performance of various authorized procedures. The Board shall ascertain what constitutes an approved school to provide such training and may consult with dental school faculty or others for assistance in establishing standards, in inspecting schools which seek approval for a dental auxiliary curriculum, and in performing other functions as the Board deems necessary.

The amended law indicates that the Board may prescribe which delegated procedures shall be performed under the "direction" and which under the "supervision" of the dentist. Direction is defined to mean that the dentist has designated the patient for whom the services are to be performed and has described the procedure to be performed, but thereafter the dentist need not be physically present either in the office or in the treatment room at the time the auxiliary is performing the procedures.

Supervision shall mean that the dentist shall be present i office but need not be present in the treatment room wit patient at the time the procedures are being performed.

The State Board of Dentistry in 1971 issued a formal com cation which it entitled an "Interpretive Rule," listing a nu of tasks which it deems would not constitute the practi dentistry, if performed under the supervision of the de This list includes a few tasks which represent expanded fun for dental assistants, such as charting of the mouth and re of excess cement. The same list represents chiefly tradi functions for dental hygienists.

In brief, amendment of the Michigan Dental Law in extended the prior list of functions permitted the dental hygi which now includes some expanded functions. The new law broadly authorizes the Board to issue rules which set forth functions and tasks for dental auxiliaries, including both hy ists and assistants. The Board has not yet issued any rul implement the law as amended in 1973, but such rules are being prepared. Prior to amendment of the law, the Board issued a list of permitted tasks for auxiliaries, including s tasks which represent expanded functions for dental assistan

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The State Board of Dentistry in 1971 issued a formal communication which it entitled an "Interpretive Rule," listing a number of tasks which it deems would not constitute the practice of dentistry, if performed under the supervision of the dentist. This list includes a few tasks which represent expanded functions for dental assistants, such as charting of the mouth and removal of excess cement. The same list represents chiefly traditional functions for dental hygienists.

In brief, amendment of the Michigan Dental Law in 1973 extended the prior list of functions permitted the dental hygienist, which now includes some expanded functions. The new law also broadly authorizes the Board to issue rules which set forth other functions and tasks for dental auxiliaries, including both hygienists and assistants. The Board has not yet issued any rules to implement the law as amended in 1973, but such rules are now being prepared. Prior to amendment of the law, the Board had issued a list of permitted tasks for auxiliaries, including a few tasks which represent expanded functions for dental assistants.

Minnesota

The Minnesota Dental Practice Act of 1969 has only very general statements in regard to duties of dental auxiliaries, with no listing of any specific tasks. The act explicitly places the burden of detailed authorizations of functions on the Board of Dentistry.

With regard to dental hygienists, the act states only that they may perform services which are educational, diagnostic, therapeutic, or preventive in nature and are authorized by the Board, but such services shall not include final diagnosis or establishment of a treatment plan. With regard to dental assistants, the act provides no description or guide at all, but states that the Board shall determine which tasks a dentist may delegate to unlicensed assistants and that the Board may permit differing levels of dental assistance based upon recognized educational standards. Services of both dental hygienists and dental assistants shall be performed under the supervision of a licensed dentist.

The rules and regulations of the Board set forth three levels or types of dental assistant: assistant, registered dental assistant, and certified dental assistant. The assistant aids the dentist in "the basic duties of a dental office." Registered dental assistant is defined as a "dental assistant with adequate training who may become eligible to be assigned additional services" and who may become so qualified in several ways, all involving training programs recognized and/or approved by the Minnesota State Dental Association and the Minnesota State Board of Dentistry. The certified dental assistant is a trained assistant who has completed the certification process of the American Dental Assistants Association as approved by the Board. Both registered and certified dental assistants must be registered with the State Board.

The rules list, in two sections, the permitted basic duties of an assistant, which consist of certain traditional functions:

A. Tasks which must be performed in the presence of the supervising dentist. Among such tasks are:

1. retraction of a patient's cheek, tongue, or other oral tissues;
2. assistance with placement or removal of rubber dam; and
3. removal of debris normally created during dental treatment by the use of compressed air and other devices.

B. Services which may be performed whether or not a licensed dentist is present, among which the following are representative:

1. sterilization and arrangement of instruments;
2. seating patient, placing protective garments, lubricatin patient's lips, and otherwise preparing the patient fo the dentist;
3. processing X-rays; and
4. instruction of patients in oral hygiene and mouth care.

The Board allows the registered dental assistants, the secon category, to perform all of the foregoing basic tasks and also th following additional tasks:

1. take X-rays;
2. take impressions for study models and apposing models fo bridgework;
3. apply topical medications prescribed by the dentist;
4. place rubber dam;
5. remove excess cement from inlays, crowns, bridges, an orthodontic bands;
6. mechanically polish clinical crowns after prior examinatio and instrumentation has been done by dentist or hygienist
7. preselect orthodontic bands; and
8. remove and replace ligature ties on orthodontic appliance

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1. sterilization and arrangement of instruments;
2. seating patient, placing protective garments, lubricating patient's lips, and otherwise preparing the patient for the dentist;
3. processing X-rays; and
4. instruction of patients in oral hygiene and mouth care.

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1. take X-rays;
2. take impressions for study models and apposing models for bridgework;
3. apply topical medications prescribed by the dentist;
4. place rubber dam;
5. remove excess cement from inlays, crowns, bridges, and orthodontic bands;
6. mechanically polish clinical crowns after prior examination and instrumentation has been done by dentist or hygienist;
7. preselect orthodontic bands; and
8. remove and replace ligature ties on orthodontic appliances.

Certified dental assistants, the third category, are permitted by the rules to perform all of the foregoing tasks of assistants and registered dental assistants plus the following additional services:

1. remove periodontal packs; and
2. remove sutures.

For the performance of the authorized tasks of registered dental assistants and certified dental assistants the licensed dentist must be physically present and exercising general supervision.

In the rules and regulations covering dental hygienists, the Board authorizes hygienists, when adequately trained, to perform all the services permitted to any dental assistants. The rules then list the following additional duties which are to be performed exclusively by hygienists formally trained in the procedures:

1. complete prophylaxis, to include scaling, root planing, soft tissue curettage, and polishing of fillings, but not including removal of carious lesions in any of these procedures;
2. preliminary examination of the oral cavity and surrounding structures, to include case history, periodontal exami and recording of clinical findings; and
3. dietary analysis, salivary analysis, and preparat smears.

These three procedures may be carried out by the h whether or not a dentist is present or supervising. The assigns one more function exclusively to the hygienist, wh be performed only if the dentist is present, namely:

4. removal and changing of periodontal packs.

In summary, Minnesota provides for expanded functi dental hygienists and certain dental assistants through specific duties in the rules and regulations. Assistants assi the rules to carry out the basic duties of a dental office are to traditional assistant functions. Other assistants, with a training, may be assigned additional services and must b tered with the Board of Dentistry.

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3. dietary analysis, salivary analysis, and preparation of smears.

These three procedures may be carried out by the hygienist whether or not a dentist is present or supervising. The Board assigns one more function exclusively to the hygienist, which can be performed only if the dentist is present, namely:

4. removal and changing of periodontal packs.

In summary, Minnesota provides for expanded functions for dental hygienists and certain dental assistants through lists of specific duties in the rules and regulations. Assistants assigned in the rules to carry out the basic duties of a dental office are limited to traditional assistant functions. Other assistants, with adequate training, may be assigned additional services and must be registered with the Board of Dentistry.

Mississippi

The Mississippi Dental Laws, as of 1970, permit a dentist to delegate procedures, as he may direct, to a regularly licensed hygienist or "other competent dental auxiliary," while they are acting under his immediate supervision and full responsibility. However, the auxiliaries may not perform those procedures which require the professional judgment and skill of a dentist, such as: diagnosis, treatment planning, surgical procedures involving hard or soft tissues, or any intra-oral procedure of an irreversible nature which could result in injury to the patient. There is a further provision that only licensed dental hygienists may be assigned the task of removal of calcareous deposits. Except for these provisions, the laws do not delineate any specific functions for either dental hygienists or dental assistants.

The Mississippi Board of Dental Examiners formerly had in effect rules and regulations which contained lists of permitted functions for dental hygienists and dental assistants. However, the Board has rescinded these lists in their entirety and now has no provisions for dental auxiliaries in effect. The Board is empowered, under its general regulatory authority in the law, to issue or amend rules and regulations on functions of dental auxiliaries and may do so at some future date. As of last report, no such action is pending.

Even without Board rules and regulations on auxiliaries, it seems that in Mississippi the law is operative and effective by itself, authorizing expanded functions for dental hygienists and assistants in the provision which permits the dentist to delegate procedures to auxiliaries as he may direct, except those procedures which require his judgment and skill.

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Miss

Missouri has authorized expanded functions for both dental hygienists and assistants by the open provision in rules and regulations issued by the Dental Board under the general authorization granted by the State's Dental Law.

The law itself still defines the tasks of the hygienist as the traditional duties of prophylaxis and clinical examinations of teeth and oral tissues for diagnosis by the dentist, plus such other procedures as may be delegated by the employer-dentist in accordance with regulations of the Board. The law refers both to a dental assistant and to a certified dental assistant, the latter holding a certificate from the American Dental Assistants Association. However, no functions for either category of dental assistants are set forth in the law.

The rules and regulations of the Board have been revised several times in the last few years, most recently late in 1973. At one time the regulations delineated the duties of hygienists and assistants by lists of permitted functions for each of these auxiliaries. The present rules and regulations depart from this earlier approach in favor of the open provision, which authorizes the dentist to delegate the performance of any tasks to either auxiliary, except for certain tasks on prohibited lists issued separately for hygienists and assistants.

The present regulations state that the dentist may delegate to a dental hygienist "the performance of any procedures or acts to be performed under his supervision, except the following:"

1. diagnosis, including interpretation of dental radiographs, and treatment planning;
2. corrective, or restorative dentistry, including the cutting or preparation of tooth structure, provided that a dental hygienist may perform root planing;
3. removal of teeth or correction of malformed teeth;
4. prescription of any drugs, or placement of surgical sutures,
or placement of the original periodontal or surgic
5. administration of any anesthetic other than a top
thetic, except that a hygienist may also administe
tration anesthetic or perform a soft tissue curetta
has completed formal training; and
6. any intra-oral procedure performed in connection
fabrication, repair, reproduction, or adjustment
appliance to be worn in the mouth, provided that
hygienist may take study cast impressions.

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or placement of the original periodontal or surgical packs;

5. administration of any anesthetic other than a topical anesthetic, except that a hygienist may also administer an infiltration anesthetic or perform a soft tissue curettage if she has completed formal training; and
6. any intra-oral procedure performed in connection with the fabrication, repair, reproduction, or adjustment of any appliance to be worn in the mouth, provided that a dental hygienist may take study cast impressions.

The regulations provide a similar open provision for the dental assistant, with a list of prohibited tasks generally comparable to that for the hygienist. An important difference between these prohibited lists is that certain tasks which are allowed by exception to the hygienist are not similarly included as exceptions in the assistant's prohibited list, such as root planing. Another difference is that the regulations prescribe a greater degree of supervision for the assistant than for the hygienist.

The regulations explicitly state that the dentist may delegate to the dental assistant or certified dental assistant "the performance of any procedures or acts to be performed under the dentist's direct supervision and when he is physically present on the premises of his dental offices, except the following:"

1. diagnosis, including interpretation of dental radiographs, and treatment planning;
2. corrective or restorative dentistry, including the cutting or preparation of tooth structure;
3. removal of teeth or correction of malformed teeth;
4. prescription of any drugs;
5. administration of any anesthetic other than a topical anesthetic;
6. any intra-oral procedure performed in connection with the fabrication, repair, reproduction, or adjustment of any

appliance to be worn in the mouth, provided that an assistant may take study cast impressions; and

7. scaling of teeth, provided that a dental assistant may remove excess cement from teeth.

A new provision recently added to the regulations states that a hygienist may work in the dental office a total of seven full working days a year when the dentist-employer is absent (because of illness or other emergency) in order to permit continuation of the hygienist's appointment schedule.

With regard to both hygienists and assistants, the regulations provide that no delegation of tasks to either auxiliary shall relieve the dentist from liability for his negligence in prescribing procedures or for any negligent performance of tasks by the auxiliaries.

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The Dentistry Regulation Act of Montana was amended in 1969 to permit expanded functions for dental hygienists and dental assistants, as defined by the State Board of Dental Examiners. As of last report, the Board is formulating implementing rules and regulations on the functions of dental auxiliaries but these have not yet been formally issued.

The act defines the tasks of dental hygienists as performing acts or services on the teeth which are educational, therapeutic, prophylactic, or preventive in nature as the Board may from time to time define and authorize, with certain prohibitions. The act states that the Board shall not allow a dentist to delegate any of the following prohibited duties:

1. diagnosis, treatment planning and prescription;

2. surgical procedures on hard and soft tissues;
3. all restorative, prosthetic, orthodontic, and other procedures which require the knowledge and skill of the dentist; and
4. prescription for drugs, medication, and/or work authorization.

The act also states that the Board shall adopt rules and regulations which define the qualifications and outline the tasks of any unlicensed auxiliary personnel, but that the Board shall not permit such personnel (for example, dental assistants) to perform any of the duties prohibited to dental hygienists nor may unlicensed personnel perform a prophylaxis.

All tasks of dental hygienists and dental assistants shall be performed under the direct supervision of the dentist.

Nebraska

The Nebraska Dental Practice Act was amended in 1971 to grant broad powers to the Board of Examiners in Dentistry to devise rules and recommendations, to be promulgated by the State Department of Health, for prescribing duties of dental auxiliaries. Pursuant to this new authority, the Department of Health in 1972 promulgated new rules and regulations on the duties of dental hygienists and other dental auxiliaries.

Prior to amendment, the act had limited the dental hygienist to the traditional function of prophylaxis, with no provision for assignment of additional duties. The revised act now has the broad provision that the dental hygienist may perform additional procedures as prescribed in rules and regulations adopted by the Department of Health. The revised act also introduces a very broad authorization for dental auxiliaries other than hygienists (such as dental assistants) to perform duties as prescribed in rules and regulations adopted by the Department, with no limitations in the act other than that the hygienist shall be the only dental auxiliary who may scale and polish teeth.

The general provisions of the act have been implemented by issuance of the new rules and regulations, which contain more specific delineations of the tasks of dental hygienists and other auxiliaries, as well as certain prohibited services.

With respect to the dental hygienist, the rules and regulations specify that this shall be the only auxiliary who, under supervision of a dentist, may perform the following functions:

1. scaling of teeth, including subgingival regions, and root planing with hand and ultrasonic instruments;
2. polishing of all exposed tooth surfaces with motor driven and hand instruments, in the oral prophylaxis procedure; and
3. chemical cure [illegible]

The dental hygienist is also authorized to perform all of the d
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A list of "Prohibited Services" set forth in the rules and re
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other dental auxiliary ever authorized to perform, whether u
supervision of a licensed dentist or not, the following cli
services:

1. diagnosis and treatment planning;
2. surgery on hard or soft tissue;
3. administering local or general anesthetics; and
4. any other irreversible dental procedures which requir
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1. any intra-oral procedure which would lead to the fabric
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The dental hygienist is also authorized to perform all of the duties that any other dental auxiliary is authorized to perform.

Like the act, the rules and regulations do not specifically mention the dental assistant, but refer to "other dental auxiliary." The dentist is authorized to delegate to this other auxiliary "only those procedures for which the dentist exercises supervision and for which he assumes full responsibility," which seems to constitute an open provision. However, the rules and regulations do contain one specifically-authorized task, the taking of dental roentgenograms, after the auxiliary has satisfactorily completed training approved by the Board.

A list of "Prohibited Services" set forth in the rules and regulations states that, under no circumstances, is a dental hygienist or other dental auxiliary ever authorized to perform, whether under supervision of a licensed dentist or not, the following clinical services:

1. diagnosis and treatment planning;
2. surgery on hard or soft tissue;
3. administering local or general anesthetics; and
4. any other irreversible dental procedures which require the professional judgment and skill of a dentist.

Another provision lists certain prohibited services which may, however, be performed under some circumstances. The rules and regulations stipulate that dental hygienists and other dental auxiliaries are prohibited from performing the following clinical services, except in accredited colleges of dentistry:

1. any intra-oral procedure which would lead to the fabrication of any prosthesis; and
2. placing or contouring of a final restoration.

In summary, the permissible tasks of dental auxiliaries in Nebraska have been increased considerably by amendment of the Dental Practice Act and by issuance of implementing rules and regulations, which permit expanded functions for hygienists and assistants in provisions authorizing the dentist to del cedures which he supervises and for which he assumes f sibility, subject only to certain listed prohibitions.

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Nevada

The Nevada Dental Act, as amended in 1971, states that the dentist may assign to a dental hygienist or dental assistant in his employment those intra-oral tasks permitted by rules and regulations adopted by the Board of Dental Examiners. The dentist who assigns the tasks to an auxiliary shall supervise the performance of those tasks. Moreover, the act prohibits any assignment of tasks to dental auxiliaries that require:

1. diagnosis, treatment planning, prescribing drugs or medicaments, or authorizing use of restorative, prosthodontic, or orthodontic appliances;
2. surgery on hard or soft tissues within the oral cavity, or any other intra-oral procedure that may result in an irremediable alteration of the oral anatomy; and
3. administration of general anesthetics.

With one major exception, the act gives limited attention to permitted functions for dental auxiliaries, clearly leaving this matter to be determined by the Board's rules and regulations. The major exception is a section of the act which characterizes dental hygienist functions as prophylactic, preventive, and other intra-oral procedures that a dentist is authorized to assign to a dental hygienist in his employment.

Pursuant to the amended act, the State Board of Dental Examiners issued rules and regulations which list functions and tasks authorized for dental assistants and hygienists, assigning both traditional and expanded functions to each auxiliary. The dentist is always personally and professionally responsible and liable for the consequences or results arising from performance of assigned tasks by these auxiliaries.

The regulations contain several sections authorizing the dental assistant to perform a variety of functions and tasks, with different degrees of supervision, as follows:

1. the assistant may perform certain listed traditional and routine tasks whether or not the dentist is present, such as
ization and arrangement of instruments, preparation
patient, and clerical duties;
2. the assistant may perform several named chairside
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ment and removal of rubber dam, and removal of deb
directed by an operating dentist during or after a
operation;
3. the assistant may expose and develop radiographs for
nostic purposes, under supervision of the dentist;
4. the assistant may perform these additional tasks:
    a. remove sutures;
    b. place and remove periodontal packs;
    c. remove excess cement from cemented restoration
    orthodontic appliances;
    d. administer a topical anesthetic; and
    e. provide any chairside assistance (including placem
    material in a patient's oral cavity) in response t
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5. the assistant may, under direct supervision of a license
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2. the assistant may perform several named chairside duties, such as retraction of a patient's cheek, assistance with placement and removal of rubber dam, and removal of debris, as directed by an operating dentist during or after a dental operation;
3. the assistant may expose and develop radiographs for diagnostic purposes, under supervision of the dentist;
4. the assistant may perform these additional tasks:
    a. remove sutures;
    b. place and remove periodontal packs;
    c. remove excess cement from cemented restorations and orthodontic appliances;
    d. administer a topical anesthetic; and
    e. provide any chairside assistance (including placement of material in a patient's oral cavity) in response to specific direction by a dentist then and there actually performing a dental operation and who is then actually in a position to give direct supervision;
5. the assistant may, under direct supervision of a licensed dental hygienist, perform certain tasks consisting of traditional chairside assistance, such as retraction of a patient's cheek, removal of debris, and placement of material in a patient's oral cavity; and
6. the assistant may instruct individuals or groups in oral hygiene and preventive procedures, after proper instruction from a dentist or dental hygienist or successful completion of an authorized course.

Authorization of the duties and tasks of the dental hygienist is presented separately in the Board's rules and regulations. The hygienist is to work under the personal direction and responsibility of a dentist who is present and exercising general supervisory control and is available to check the treatment in progress or completed. The dental hygienist is authorized to perform the following functions and tasks:

1. administration of a topical anesthetic and topical desensitizing agents;
2. removal of stains, deposits, and accretions from the teeth beginning at the epithelial attachment; the cleaning and polishing of teeth; root planing; curettage of hard and soft tissue; and the smoothing or removal of irregularities or abnormalities such as overhanging fillings, excess cement, and rough tooth surfaces, using instruments and procedures commonly used in prophylaxis;
3. application of fluoride preparations to the teeth;
4. administration of sprays or solutions, commonly-known mouth washes, or disclosing solutions;
5. dental radiographic procedures;
6. preliminary charting or recording of oral conditions on appropriate dental charts for review and verification by the dentist;
7. removal of sutures;
8. placement and removal of periodontal packs;
9. making oral impressions for study models for diagnostic purposes only;
10. training and instruction of individuals or groups in oral hygiene and preventive procedures; and
11. all duties otherwise permitted to dental assistants in accordance with the rules of the Board.

The rules and regulations also give separate lists of functions which may not be performed by hygienists and by assistants, the items in both lists being either the same or generally similar. With this consideration in mind, the following is a composite
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ations between the two auxiliaries pointed out parenthetically

1. diagnosis;
2. cutting of hard or soft tissues or the extraction of tee
3. operative preparation of teeth for the placement of r
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   materials in any manner;
4. making jaw registrations or making oral impressio
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5. correction or the attempt to correct malposition or ma
   sion of teeth;
6. adjusting or attempting to adjust any appliance or
   structure to be worn in the mouth (with an added rest
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   devices);
7. administration of any general anesthetic or any inj
   local anesthetic;
8. decision concerning the use of drugs, their dosage, a
   scription; and
9. prophylaxis or removal of stains, accretions, depo
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1. diagnosis;
2. cutting of hard or soft tissues or the extraction of teeth;
3. operative preparation of teeth for the placement of restorative materials, or the placement or carving of restorative materials in any manner;
4. making jaw registrations or making oral impressions for any purpose (with the exception that the hygienist may make impressions for study models, as already reported);
5. correction or the attempt to correct malposition or malocclusion of teeth;
6. adjusting or attempting to adjust any appliance or other structure to be worn in the mouth (with an added restriction for the assistant which also prohibits insertion of such devices);
7. administration of any general anesthetic or any injectable local anesthetic;
8. decision concerning the use of drugs, their dosage, and prescription; and
9. prophylaxis or removal of stains, accretions, deposits, or cement from the teeth (a prohibition which is included only in the list for the assistant, in effect reserving this function for the hygienist).

In summary, Nevada amended its Dental Act in 1971 to authorize the Board of Dental Examiners to issue rules and regulations governing the assignment of functions to dental auxiliaries. Such rules and regulations have been issued, listing specific tasks and duties which may be performed by dental hygienists and assistants, and also listing the tasks each auxiliary is prohibited from performing. The lists of authorized tasks include some expanded functions for hygienists and for assistants.

New Hampshire

The New Hampshire Dental Law, as amended in 1971, clearly gives the Board of Dental Examiners the prime responsibility and the power to define and regulate the functions of dental hygienists and other auxiliaries by rules and regulations. Pursuant to this authority, the Board issued rules and regulations in 1972 and further amended them in 1973. The rules and regulations in both versions authorized some expanded functions for dental hygienists and for several categories of dental assistants.

The present law does not list or describe specific functions for auxiliaries, but it does state that neither dental hygienists nor dental assistants may be assigned the following procedures:

1. diagnosis, treatment planning, and prescription (including prescriptions for drugs and medicaments or authorization for restorative, prosthodontic, or orthodontic appliances); and
2. surgical procedures on hard or soft tissues within the oral cavity, or any other intra-oral procedure that contributes to or results in an irremediable alteration of the oral anatomy.

The tasks which the dental hygienist may perform, under the direction of the dentist, are listed in the current Board's rules and regulations as follows:

1. perform oral prophylaxis, including scaling and polishing;
2. expose and develop oral radiographs;
3. topical application of anticariogenic agents;
4. periodontal curettage and scaling;
5. deep scaling;
6. root planing;
7. remove periodontal packs;
8. polish restorations and remove overhanging margins with hand instruments or ultrasonic scaling instruments;
9. remove excess cement from inlays, crowns, bridges, and orthodontic appliances;
10. take oral cytologic smears;
11. apply topical anesthetics;
12. prepare saliva specimens for counts of cariogenic
13. topical application of accepted desensitizing agen dentin and cementum of teeth;
14. take impressions for study models (appliances th be worn in the mouth are not to be constructed models);
15. conduct patient education;
16. perform dietary counseling; and
17. remove sutures and dressings.

The Board has established four categories of dental a based on different levels of training and experience. The egories are: assistant, graduate dental assistant, certifie assistant, and qualified dental assistant.

The first category, the assistant, is defined by the Board person who assists the dentist in carrying out the basic du dental office." These duties comprise chiefly tradition assistant functions, such as:

1. assisting the dentist during a dental operation by r a patient's cheek or tongue, and removing oral debr
2. assisting with placement or removal of a rubber dam
3. sterilization, organization, arrangement, and replac instruments; and
4. receptionist, clerical, and other office duties.

The graduate dental assistant is an assistant who has gr from an accredited school of dental assisting. The graduat assistant may perform all of the duties authorized for the and also perform the following additional duties while th is present in the office:

1. placement and removal of the rubber dam;
2. application of topical anesthesia;

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does not list or describe specific functions for
does state that neither dental hygienists nor
ay he assigned the following procedures:

eatment planning, and prescription (including
for drugs and medicaments or authorization
ve, prosthodontic, or orthodontic appliances);

cedures on hard or soft tissues within the oral
y other intra-oral procedure that contributes to
an irremediable alteration of the oral anatomy.

the dental hygienist may perform, under the
ntist, are listed in the current Board's rules and
ws:

l prophylaxis, including scaling and polishing;
develop oral radiographs;
ication of anticariogenic agents;
curettage and scaling;
;
;
odontal packs;
rations and remove overhanging margins with
ments or ultrasonic scaling instruments;
ss cement from inlays, crowns, bridges, and
appliances;

10. take oral cytologic smears;
11. apply topical anesthetics;
12. prepare saliva specimens for counts of cariogenic bacteria;
13. topical application of accepted desensitizing agents to the dentin and cementum of teeth;
14. take impressions for study models (appliances that would be worn in the mouth are not to be constructed on these models);
15. conduct patient education;
16. perform dietary counseling; and
17. remove sutures and dressings.

The Board has established four categories of dental assistants, based on different levels of training and experience. The four categories are: assistant, graduate dental assistant, certified dental assistant, and qualified dental assistant.

The first category, the assistant, is defined by the Board as "any person who assists the dentist in carrying out the basic duties of a dental office." These duties comprise chiefly traditional dental assistant functions, such as:

1. assisting the dentist during a dental operation by retracting a patient's cheek or tongue, and removing oral debris;
2. assisting with placement or removal of a rubber dam;
3. sterilization, organization, arrangement, and replacement of instruments; and
4. receptionist, clerical, and other office duties.

The graduate dental assistant is an assistant who has graduated from an accredited school of dental assisting. The graduate dental assistant may perform all of the duties authorized for the assistant and also perform the following additional duties while the dentist is present in the office:

1. placement and removal of the rubber dam;
2. application of topical anesthesia;

3. retraction;
4. selection of impression trays and holding of impressions after they have been seated by the dentist, and removal of the impression;
5. application of topical anticariogenic agents, but only after prophylaxis performed by a licensed professional; and
6. "perform any duties that she may become qualified for by either successfully completing courses or passing challenge examinations approved by the New Hampshire Board of Dental Examiners."

The certified dental assistant is a trained assistant who is currently certified by the American Dental Assistants Association, as approved by the New Hampshire Board of Dental Examiners. The certified dental assistant may perform the duties authorized for assistants and graduate dental assistants and, in addition, may remove sutures and dressings.

The qualified dental assistant is one who has attained qualification in a specific area by successfully completing an e duty course, as approved by the New Hampshire Board o Examiners, or by successfully passing a challenge examin specific expanded duties. An assistant in any one of the pr three categories may become a qualified dental assista regard to specific expanded duties or functions. The Boar ically mentions that dental assistants may become quali radiology by taking appropriate courses. No other func activity is explicitly named in this section of the rules.

In brief, the New Hampshire Dental Law clearly grant Board extensive powers to authorize tasks for dental aux subject only to stated prohibitions of certain procedures wh reserved to the dentist. Pursuant to the law, the Board ha lists of functions for dental hygienists and dental as including some expanded functions. The current rules an lations permit delegation of numerous and advanced e functions to certain dental assistants who become qualified mal preparation approved by the Board.

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In brief, the New Hampshire Dental Law clearly grants to the Board extensive powers to authorize tasks for dental auxiliaries, subject only to stated prohibitions of certain procedures which are reserved to the dentist. Pursuant to the law, the Board has issued lists of functions for dental hygienists and dental assistants, including some expanded functions. The current rules and regulations permit delegation of numerous and advanced expanded functions to certain dental assistants who become qualified by formal preparation approved by the Board.

New Jersey

The New Jersey Dental Practice Act is limited with regard to functions authorized for dental auxiliaries. The following duties are permitted dental hygienists, acting under the direction and control of the dentist:

1. removal of calcareous deposits, accretions, or stains from the exposed surfaces of teeth; and
2. use of disclosing solutions in performance of prophylactic treatment.

The act states specifically that the hygienist shall not p
any other operation nor diagnose or treat any pathological
tions of the teeth or tissues of the mouth.

There is no mention of dental assistants in the act.

The New Jersey act does not now permit expanded functi
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There is no mention of dental assistants in the act.

The New Jersey act does not now permit expanded functions for either dental hygienists or dental assistants. Proposed revisions of the act to permit expanded functions have been under consideration but, as of last report, no formal action has been completed.

New Me

The New Mexico Dental Practice Act was amended in 1971 to grant the Board of Dentistry new authorization to regulate dental hygienists and other auxiliary personnel. The amended act grants the Board more extensive powers to adopt and periodically revise any rules and regulations it deems necessary, in accordance with the amended act, including, for example, rules relating to the functions of a certified dental assistant.

The act itself gives a limited statement of the duties of dental hygienists, as follows:

1. remove from the surfaces of teeth calcareous deposits, stains and accumulated accretions;
2. polish the surfaces of the teeth; and
3. take roentgenograms.

A provision added by the 1971 revisions states that t hygienist may perform other supervised dental functio mitted by the rules and regulations of the Board.

Nowhere does the act itself indicate any specific dutie tal assistants. Designation of their functions is left comp to the Board, which is to promulgate appropriate r regulations.

In brief, the present act seems to grant the Board of authority to permit delegation of expanded functions hygienists and assistants. The Board has prepared rules lations on auxiliary functions but, as of last report, the B not yet publicly issued them.

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A provision added by the 1971 revisions states that the dental hygienist may perform other supervised dental functions as permitted by the rules and regulations of the Board.

Nowhere does the act itself indicate any specific duties for dental assistants. Designation of their functions is left completely up to the Board, which is to promulgate appropriate rules and regulations.

In brief, the present act seems to grant the Board of Dentistry authority to permit delegation of expanded functions to both hygienists and assistants. The Board has prepared rules and regulations on auxiliary functions but, as of last report, the Board had not yet publicly issued them.

New York

The laws governing dentistry and dental hygiene in the State of New York were amended in 1973 to extend substantially the list of authorized functions of dental hygienists. There was no mention of the functions of dental assistants in the prior law and, although there have been legislative proposals to delineate or describe the functions of dental assistants, this was not done when the law was amended.

The amended law carried over the listing of two traditional hygienist functions authorized in the prior law, but concurrently deleted the restriction that the hygienist shall not perform "any other operation on the teeth or tissues of the mouth." The functions retained from the prior law are:

1. remove calcareous deposits, accretions, and stains from the exposed surfaces of the teeth which begin at the epithelial attachment; and
2. apply topical agents indicated for a complete dental prophylaxis.

The amended law (effective in January 1974) continues with a listing of new authorizations of functions for the hygienist, including some expanded functions, to be performed under the supervision of a licensed dentist. The amended law defines dental hygiene as the performance of dental services which shall include the two functions listed above and the following newly authorized functions, ending with a broad item which opens the way for assignment of additional functions and tasks:

3. remove cement;
4. provide patient education;
5. place and expose X-ray films;
5. perform topical fluoride applications;
7. perform topical anesthetic applications;
8. polish teeth;
9. take medical histories;
10. chart caries;
11. place and remove rubber dam;
12. remove sutures;
13. place matrix band;
14. apply topical medication (other than agents relat prophylaxis);
15. take impressions for study casts;
16. place and remove temporary restorations; and
17. "any other function in the definition of the practice o tistry as may be delegated by a licensed dentist in dance with regulations" promulgated by the Commiss of Education.

In the State of New York, the Commissioner of Educatio mulgates the dental regulations (subject to approval by the of Regents of the State Education Department) because the provisions governing dentistry and dental hygiene occur as p the Education Law. The State Board for Dentistry is, by assigned the duty of assisting the Regents and the Edu Department with regard to licensing and certain other m relating to dentists and hygienists.

The Commissioner of Education has issued regulations (tive in February 1974) which repeat the functions and authorized in the law for dental hygienists. In addition, the lations specify that hygienist functions in items No. 1-10 preceding list are to be performed under "general supervisio a dentist but functions in items No. 11-16 must be perf under his "personal supervision."

The regulations define the foregoing two levels of super and certain terms which occur in the list of hygienist functio follows:

1. general supervision shall mean that a supervising de available for consultation, diagnosis and evaluation, h thorized the dental hygienist to perform the service

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12. remove sutures;
13. place matrix band;
14. apply topical medication (other than agents related to prophylaxis);
15. take impressions for study casts;
16. place and remove temporary restorations; and
17. "any other function in the definition of the practice of dentistry as may be delegated by a licensed dentist in accordance with regulations" promulgated by the Commissioner of Education.

In the State of New York, the Commissioner of Education promulgates the dental regulations (subject to approval by the Board of Regents of the State Education Department) because the legal provisions governing dentistry and dental hygiene occur as part of the Education Law. The State Board for Dentistry is, by law, assigned the duty of assisting the Regents and the Education Department with regard to licensing and certain other matters relating to dentists and hygienists.

The Commissioner of Education has issued regulations (effective in February 1974) which repeat the functions and tasks authorized in the law for dental hygienists. In addition, the regulations specify that hygienist functions in items No. 1-10 of the preceding list are to be performed under "general supervision" of a dentist but functions in items No. 11-16 must be performed under his "personal supervision."

The regulations define the foregoing two levels of supervision and certain terms which occur in the list of hygienist functions, as follows:

1. general supervision shall mean that a supervising dentist is available for consultation, diagnosis and evaluation, has authorized the dental hygienist to perform the services, and

exercises that degree of supervision appropriate to the circumstances;

2. personal supervision shall mean that a supervising dentist is physically present at the dental office, personally diagnoses the condition to be treated, and personally authorizes and evaluates the work of the dental hygienist;
3. removing cement shall mean removing excess cement from the surfaces of the teeth;
4. taking impressions for study casts shall mean only such casts as will be used for purposes of diagnosis and treatment planning by the dentist, and/or for purposes of patient education; and
5. temporary restorations shall include only non-metallic substances generally used for temporary intracoronal filling materials; placing and removing temporary restorations shall not include cutting or excising hard or soft tissue or the use of mechanical instrumentation.

In an official letter from the State Board for Dentistry
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In an official letter from the State Board for Dentistry to dentists and hygienists in New York, the Board emphasizes that, with regard to hygienist functions, professional responsibility for protection of the public requires appropriate continuing education to gain competence in presently authorized functions which were not included in dental hygiene education prior to licensure. The Board letter also recommends that dentists and dental auxiliaries be cognizant of the tasks authorized for the practice of dentistry and dental hygiene and explicitly cautions them to refrain from tasks not authorized in existing laws and regulations.

In brief, a major revision of the laws in the State of New York has considerably extended the list of functions and tasks permitted dental hygienists, including some expanded functions. The Commissioner of Education has issued regulations which reaffirm those functions for hygienists authorized by the amended law. There is as yet no legislative or regulatory mechanism for assigning expanded functions to dental assistants, but authorization of such functions for assistants is currently under consideration.

North Carolina

The Dental Laws of North Carolina, and the rules and regulations issued by the State Board of Dental Examiners pursuant to the laws, have been extensively and significantly revised in recent years, resulting in considerable liberalization of duties permitted to dental auxiliaries. The State has adopted an open provision approach which permits the dentist to delegate to dental hygienists and to certain dental assistants any functions he deems appropriate, except for certain prohibited functions.

The dental laws define the practice of dental hygiene by the following list of stated functions and, in addition, also provide a new enabling provision which permits considerable extension of functions beyond those specifically stated:

1. complete oral prophylaxis;
2. application of preventive agents to oral structures;
3. exposure and processing of radiographs;
4. administration of medicaments prescribed by a licensed dentist;
5. preparation of diagnostic aids;
6. preparation of written records of oral conditions for interpretation by the dentist; and
7. "such other and further functions as may be permitted by rules and regulations of the Board" not inconsistent with the law.

Pursuant to this law, the Board has issued rules and regulations which make it possible for hygienists to perform numerous services for which they are adequately qualified. A licensed dental hygienist may be broadly delegated appropriate functions to be performed under the direct control and supervision of a dentist, who shall be personally and professionally responsible. However, the Board also lists some functions specifically prohibited to a dental hygienist.

The functions prohibited to hygienists are listed as follows:

1. examination, diagnosis, and treatment planning;
2. cutting or surgical procedures on hard and soft tissues;
3. those restorative, prosthetic, orthodontic, and other dures which require the professional education and sl the dentist, and which directly affect the dental healt physiologic well-being of the patient, specifically incl but not being limited to:
   a. any intra-oral procedure which would affect the fu and/or efficiency of an appliance which when worn patient would come in direct contact with hard c tissues and which could result in tissue irritation;
   b. the placing of permanent restorations in or on the
   c. impressions and jaw registrations;
   d. any and all correction of malformation of teeth jaws;
4. decisions as to drugs and their dosage, prescription w and work authorizations; and
5. any and all administration of local or general anes except application of topical anesthetics.

The law does not set forth any duties or functions of assistants but permits any "acts performed by an assistan dentist licensed to practice in this State when said act or ac authorized and permitted by and performed in accordanc rules and regulations promulgated by the Board."

Pursuant to the law, the Board has issued rules and regul for the functions of two categories of dental assistants. Based levels of education, training, and experience, dental assistar designated as either Class I or Class II.

A Class I dental assistant is authorized to perform those tions generally assigned to dental assistants, such as:

1. reception, telephone and appointment services, bu management;
2. laboratory procedures; and

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3. those restorative, prosthetic, orthodontic, and other procedures which require the professional education and skill of the dentist, and which directly affect the dental health and physiologic well-being of the patient, specifically including, but not being limited to:
    a. any intra-oral procedure which would affect the function and/or efficiency of an appliance which when worn by the patient would come in direct contact with hard or soft tissues and which could result in tissue irritation;
    b. the placing of permanent restorations in or on the teeth;
    c. impressions and jaw registrations;
    d. any and all correction of malformation of teeth or the jaws;
4. decisions as to drugs and their dosage, prescription writing, and work authorizations; and
5. any and all administration of local or general anesthesia, except application of topical anesthetics.

The law does not set forth any duties or functions of dental assistants but permits any "acts performed by an assistant to a dentist licensed to practice in this State when said act or acts are authorized and permitted by and performed in accordance with rules and regulations promulgated by the Board."

Pursuant to the law, the Board has issued rules and regulations for the functions of two categories of dental assistants. Based upon levels of education, training, and experience, dental assistants are designated as either Class I or Class II.

A Class I dental assistant is authorized to perform those functions generally assigned to dental assistants, such as:

1. reception, telephone and appointment services, business management;
2. laboratory procedures; and

3. chairside assistance to a dentist in operatory procedures, as long as the assistance does not comprise acts included within the definition of dentistry in the law or in regulations of the Board.

After "adequate training and direction" a Class I dental assistant may perform the following additional functions, under the direct control and supervision of a dentist:

4. take radiographs of the mouth, gums, jaws, teeth, or any portion thereof for dental diagnostic purposes (with approved formal education required if employment began after January 1971);
5. apply topical fluorides directly to the teeth of persons being treated by the employer-dentist; and
6. apply topical anesthetics and other topical medications within the oral cavity of any persons being treated by the employer-dentist.

A Class II dental assistant may perform all functions permitted to a Class I dental assistant and, in addition, after further qualification, may be broadly delegated appropriate functions to be performed under the direct control and supervision of a dentist who shall be personally and professionally responsible. Qualification as Class II dental assistant may be achieved in any of several ways, variously involving: completion of approved courses (either in school programs or by correspondence), certification by the American Dental Assistants Association, and/or empl
as a chairside dental assistant for 3 years prior to J
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dental assistant status to persons who have completed at
years in an approved nurses education program and wh
been employed as a chairside dental assistant for at least 6

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Functions which shall not be delegated to any dental assistant include all those prohibited to the dental hygienist, as previously listed. In addition, assistants may not perform prophylaxis—an auxiliary function specifically reserved to the dental hygienist.

In addition to the preceding rules which regulate the functions of auxiliaries throughout the State, the Board in 1973 issued special rules, effective for a limited time only (terminating July 1974), which permit the University of North Carolina School of Dentistry to conduct a controlled on-campus clinical research program. These special rules authorize the School to teach a small number of specially trained dental assistants to perform several listed functions, some of which are now prohibited to other dental auxiliaries throughout the State, for example, placement of amalgam, resin, silicate, and composite restorations in teeth prepared by the dentist. The Board has approved such a controlled experiment as a possible source of valuable information but, at the same time, it emphasizes that these special rules do not in any way change the current practice of dentistry or dental hygiene in the State.

North Dakota

The North Dakota Dental Hygienist Act, as of 1971, contains a broad provision which permits a dentist to "delegate to competent auxiliary personnel those procedures over which the dentist exercises direct supervision and full responsibility, except those procedures which require professional judgment and skill." Such prohibited procedures include: diagnosis, treatment planning, the cutting of hard or soft tissue, or any intra-oral procedure which would lead to fabrication of an appliance which, when worn by the patient, would come in direct contact with hard or soft tissue and which could result in tissue irritation or injury.

A section of this act, which refers to the dental hygienist, specifically states that hygienist functions shall comprise prophylaxis and topical application of drugs, performed under the direction and control of a dentist. This statement of hygienist functions contains fewer duties than were listed in the prior act. However, the present act provides that additional tasks to be performed by licensed dental hygienists may be specified from time to time by the Board of Dental Examiners in appropriate rules and regulations.

The Board has issued regulations on dental auxiliaries which provide specifically and separately for dental hygienists and dental assistants, listing services and procedures which each may perform under the dentist's general supervision, direction, and responsibility.

These regulations permit dental hygienists to perform the following tasks and services:

1. complete prophylaxis, including removal of accumulated deposits, accretions, or stains from the natural and restored surfaces of exposed teeth and, upon direct order by the dentist, root planing and soft tissue curettage;
2. polish and smooth existing restorations;
3. apply topical applications of drugs to the surface tissues of the mouth and to exposed surfaces of the teeth;
4. take dental X-rays;
5. take and record preliminary medical and dental for interpretation by the dentist;
6. take and record pulse, blood pressure, and temperat
7. chart the mouth;
8. instruct the patient in brushing, flossing, and ot hygiene measures;
9. receive removable dental prostheses for cleaning an
10. insert cleaned or repaired removable prosthese directed by the dentist;
11. place and remove celluloid or plastic strips betwe for placement of filling by the dentist;
12. remove ligature ties;
13. remove rubber dam;
14. remove sutures, on direct orders of the dentist;
15. remove periodontal packs, on direct orders of the
16. perform nonsurgical clinical and laboratory oral tests for interpretation by the dentist; and
17. assist the dentist in the administration of gener thesia or analgesia.

The regulations permit the dental assistant to perform lowing services:

1. take dental X-rays (provided the assistant is certifie cially qualified by approved education or training)
2. instruct patients in tooth brushing, flossing, and oth ods of oral hygiene;
3. take and record pulse, blood pressure, and temperatu
4. take and record preliminary dental and medical hist interpretation by the dentist;
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4. take dental X-rays;
5. take and record preliminary medical and dental histories for interpretation by the dentist;
6. take and record pulse, blood pressure, and temperature;
7. chart the mouth;
8. instruct the patient in brushing, flossing, and other oral hygiene measures;
9. receive removable dental prostheses for cleaning and repair;
10. insert cleaned or repaired removable prostheses when directed by the dentist;
11. place and remove celluloid or plastic strips between teeth for placement of filling by the dentist;
12. remove ligature ties;
13. remove rubber dam;
14. remove sutures, on direct orders of the dentist;
15. remove periodontal packs, on direct orders of the dentist;
16. perform nonsurgical clinical and laboratory oral diagnosis tests for interpretation by the dentist; and
17. assist the dentist in the administration of general anesthesia or analgesia.

The regulations permit the dental assistant to perform the following services:

1. take dental X-rays (provided the assistant is certified or specially qualified by approved education or training);
2. instruct patients in tooth brushing, flossing, and other methods of oral hygiene;
3. take and record pulse, blood pressure, and temperature;
4. take and record preliminary dental and medical histories for interpretation by the dentist;
5. apply topical applications of drugs prescribed by the dentist, except fluorides, or desensitizing or caustic agents;
6. receive removable dental prostheses for cleaning or repair; and

7. place or remove celluloid strips between the teeth for placement of filling by the dentist.

To provide an interpretive summation for North Dakota: a revision of the Dental Hygienist Act introduced broad authorization for the dentist to delegate to auxiliaries procedures to be performed under his supervision and responsibility, except those requiring his professional judgment and skill. Although the did not implement this broad authority by a provision simil the one in the act permitting assignment of any auxiliary fun not requiring a dentist's skills, the present regulations co extensive lists specifying functions of dental hygienists and d assistants, including a number of expanded functions.

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Ohio

The Ohio Dental Practice Act which was in effect at the end of 1973 authorized delegation to dental hygienists of procedures and tasks that do not require the professional competence or skill of the dentist. The rules of the Ohio State Dental Board implementing this act approved a few expanded functions for hygienists. At year's end, neither the act nor the Board rules mentioned any functions for dental assistants.

The act was amended early in 1974, chiefly to authorize a category of "qualified personnel" other than hygienists. The act itself gives as the purpose of the amendment the authorization for "performance of expanded dental duties by qualified auxiliary personnel." The 1974 amendment also made comparatively minor changes in the act's provisions regarding hygienists. Pursuant to the amended act, the Board has issued new rules on authorized functions for dental auxiliaries.

The prior act, as amended in 1969 and still in effect at the end of 1973, dealt only with the functions of dental hygienists, with no provisions on dental assistant functions. This act characterized the functions of dental hygienists as those prophylactic, preventive, and other procedures that dentists are authorized either by the act or by the rules of the Board to assign to their employed hygienists, including intra-oral tasks that do not require the professional competence or skill of the employer-dentist. The hygienist was specifically prohibited by the act from performing the following:

1. diagnosis and treatment planning;
2. prescription (including prescription for drugs and medicaments or authorization for restorative, prosthodontic, or orthodontic appliances);
3. surgical procedures on hard and soft tissues within the oral cavity; and
4. any other intra-oral procedure that contributes to or results in an irremediable alteration of the oral anatomy.

The recent amendments to the Ohio Dental Practice Act (effective in June 1974) introduced a major new section on
personnel" to whom dentists may assign dental procedu
not require the professional competence or skill of lic
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authorize for performance by the qualified personne
which would include the dental assistant).

The amended act declares that the Board shall not inc
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Pursuant to the amended act, the Board has issued
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ndments to the Ohio Dental Practice Act (effective in June 1974) introduced a major new section on "qualified personnel" to whom dentists may assign dental procedures that do not require the professional competence or skill of licensed dentists or dental hygienists, which procedures the Board shall by rule authorize for performance by the qualified personnel (a term which would include the dental assistant).

The amended act declares that the Board shall not include in its rules any authorization for such qualified personnel to engage in any of the activities prohibited to dental hygienists in the prior act, but with the additional proviso that these qualified personnel are also forbidden to perform tasks which constitute the practice of dental hygiene, including removal of calcareous deposits or accretions on the crowns and roots of teeth. The amended act also added a specific restriction which prohibits both the hygienist and the newly-authorized qualified personnel from making any final impression from which casts are made to construct any dental restoration.

The 1974 act added some new language which stresses that the performance of auxiliary functions by hygienists and by qualified personnel shall be under the full responsibility of the dentist. The act makes some distinction in the extent of supervision by the dentist, requiring "supervision" of dental hygienists and more immediate "direct supervison" of the qualified personnel. The new section on qualified personnel emphasizes that no dentist shall assign and no qualified personnel shall perform any dental procedure other than in accordance with rules of the Board.

Pursuant to the amended act, the Board has issued new rules, effective August 1974, on authorization of the functions of dental hygienists and of the new category of qualified personnel. The new rules vary considerably from the previously existing rules of the Board which provided a short list of named functions for dental hygienists only.

The 1974 rules provide a list of useful definitions of several terms used in the new provisions relating to hygienists and to qualified personnel. These definitions include the following:

1. *Supervision.* Tasks are under the supervision of a dentist when performed in the dentist's office wherein he is physically present at all times during the performance of such tasks and the tasks are performed pursuant to his order, control, and full professional responsibility.
2. *Direct Supervision.* This definition is exactly the same as given for "supervision," with the additional condition that the tasks performed are checked and approved by the dentist before the patient upon whom the tasks were performed departs from the dental office.
3. *Irremediable Tasks.* Irremediable intra-oral tasks are those which are irreversible and create unalterable changes within the oral cavity or the contiguous structures. For purposes of these rules, the injection of local anesthesia is designated to be an "irremediable task."
4. *Remediable Tasks.* Remediable tasks are those which are reversible and do not create unalterable changes within the oral cavity or the contiguous structures.
5. *Qualified Personnel.* Qualified personnel are those who, by virtue of formal or on-the-job training, are adjudged by the dentist to be capable of performing remediable tasks in compliance with Board rules. Such qualified personnel are to be under the direct supervision of the dentist, who shall assume full professional responsibility for the tasks assigned to and performed by such personnel.

The permissible functions and tasks of the dental hygienist in the new rules consist of the following:

1. oral prophylaxis and irremediable intra-oral tasks limited to periodontal scaling, root planing, and gingival curettage, performed under the supervision of a dentist; and
2. those remediable intra-oral tasks authorized for qu
personnel, including placement of permanent rest
materials, subject to the same rules regulating perfor
of these tasks by qualified personnel.

The new Board rules cover functions and tasks for qualifi
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them remediable intra-oral tasks, to be performed under his
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There is no mention of specific functions or tasks in the
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Ohio State Dental Board in conjunction with the educational
cil of either the American Dental Association or the Ohio
Association.

In order to achieve the status of qualified personnel, p
must meet at least one of the following criteria:

1. satisfactory completion of a dental hygiene training
gram or a dental assisting training program in an accr
educational institution, such programs to be approved b
Ohio State Dental Board;
2. current certification as a dental assistant by the Am
Dental Assistants Association;
3. evidence of 6 or more months of full-time (at least 25
per week) intra-office dental experience and satisf
completion of a formal training program, developed
approved by the Ohio Dental Association and the Ohio
Dental Board;
4. evidence of 12 or more months of full-time intra-office d

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2. those remediable intra-oral tasks authorized for qualified personnel, including placement of permanent restorative materials, subject to the same rules regulating performance of these tasks by qualified personnel.

The new Board rules cover functions and tasks for qualified personnel by a broad open provision authorizing a dentist to assign to them remediable intra-oral tasks, to be performed under his direct supervision. The rules do not list or describe prohibited auxiliary tasks. Thus, the only specific prohibitions in effect are those contained in the 1974 amended act.

There is no mention of specific functions or tasks in the rules, with the single exception of the placement of permanent restorative materials. Only those qualified personnel may perform placement of permanent restorative materials who receive formal training in this phase of dentistry, in courses approved by the Ohio State Dental Board in conjunction with the educational council of either the American Dental Association or the Ohio Dental Association.

In order to achieve the status of qualified personnel, persons must meet at least one of the following criteria:

1. satisfactory completion of a dental hygiene training program or a dental assisting training program in an accredited educational institution, such programs to be approved by the Ohio State Dental Board;
2. current certification as a dental assistant by the American Dental Assistants Association;
3. evidence of 6 or more months of full-time (at least 25 hours per week) intra-office dental experience and satisfactory completion of a formal training program, developed and approved by the Ohio Dental Association and the Ohio State Dental Board;
4. evidence of 12 or more months of full-time intra-office dental

experience including satisfactory completion of an in-office dentist-employer-provided training program approved by the Ohio Dental Association and the Ohio State Dental Board; and

5. evidence of status as a full-time dental student who can establish proper qualifications for performing tasks assignable to qualified personnel.

In summary, at the end of 1973 there was in effect a dental act which authorized delegation to hygienists of tasks which do not require the professional competence or skill of the denti implementing rules of the Board then contained a list of ap hygienist tasks, including a few expanded functions. The amended in 1974 with the expressed purpose of auth expanded functions for qualified personnel other than hyg The Board has issued new rules, pursuant to the amend which basically provide an open provision authorizing the to delegate many functions, including expanded functi properly qualified dental hygienists and assistants.

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Oklaho

The Oklahoma Dental Act empowers the Board of Governors of the Registered Dentists of Oklahoma (formal name of the State's dental board) to promulgate rules and regulations delineating functions of dental auxiliaries and setting forth appropriate educational requirements.

The act uses the terms dental assistant and dental nurse interchangeably, defining both as individuals working for the dentist, under his supervision, and performing duties in the dental office, including the limited treatment of patients. Pursuant to authority granted by the act, the Board has issued rules and regulations authorizing the dentist to delegate to a dental assistant and/or dental nurse those procedures for which the dentist exercises direct supervision and full responsibility, and which are performed in response to specific directions.

However, the Board adds that such duties delegated or assigned to a dental assistant and/or dental nurse shall not include:

1. those procedures which require professional skill and judgment such as, but not limited to, diagnosis and treatment planning, or prescription for treatment of disease, pain, or deformity, or administration of any drug for such treatment;
2. cutting or severance of hard or soft tissue or removal of existing restorations within the oral cavity;
3. any intra-oral procedure or service which will be used directly in the fabrication or placement of a restoration, a prosthetic appliance, or an orthodontic appliance, any of which, when worn by the patient, would come in direct contact with hard or soft tissue;
4. taking of impressions of teeth, jaws, or gums, except for impressions used only for diagnostic models;
5. any administration of general or local anesthesia, with the exceptions that the dental assistant or nurse may apply topical anesthesia and may provide assistance to the d
his administration of general anesthesia;
6. administration of analgesia (nitrous oxide), exce
successful completion of appropriate training appr
the Board;
7. radiographic exposures, except after successful co
of appropriate training approved by the Board; an
8. those procedures allocated to dental hygienists by t
Dental Act and by rules and regulations of the Bo
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have successfully completed training as approved
Board may perform:
   a. polishing of teeth and existing restorations; and
   b. application of topical fluoride and desensitizing

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functions are designated by the act itself, as follows:

1. remove lime deposits, accretions, and stains from
surfaces of the teeth and directly beneath the free
of the gum;
2. give topical caries prevention treatment to the extr
surfaces of the teeth; and
3. take dental X-rays.

The act further states that the dental hygienist may
other duties in accordance with rules and regulations prom
by the Board. Pursuant to this authority, the Board allow
hygienists to perform all functions authorized for dental a
and/or dental nurses in the regulations for those auxili
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Other duties listed by the Board specifically for hygieni

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6. administration of analgesia (nitrous oxide), except after successful completion of appropriate training approved by the Board;
7. radiographic exposures, except after successful completion of appropriate training approved by the Board; and
8. those procedures allocated to dental hygienists by the State Dental Act and by rules and regulations of the Board, except that those dental assistants and/or dental nurses who have successfully completed training as approved by the Board may perform:
   a. polishing of teeth and existing restorations; and
   b. application of topical fluoride and desensitizing agents.

With respect to dental hygienists, certain of their traditional functions are designated by the act itself, as follows:

1. remove lime deposits, accretions, and stains from exposed surfaces of the teeth and directly beneath the free margin of the gum;
2. give topical caries prevention treatment to the extracoronal surfaces of the teeth; and
3. take dental X-rays.

The act further states that the dental hygienist may perform other duties in accordance with rules and regulations promulgated by the Board. Pursuant to this authority, the Board allows dental hygienists to perform all functions authorized for dental assistants and/or dental nurses in the regulations for those auxiliaries as previously outlined.

Other duties listed by the Board specifically for hygienists are:

1. dental charting;
2. periodontal charting;
3. classifying occlusion;

4. treatment of dry sockets as prescribed by the dentist;
5. preparing, placing, and removing periodontal packs;
6. placement of temporary fillings;
7. cleaning and insertion of removable prostheses;
8. removal of overhanging margins; and
9. root planing.

Moreover, dental hygienists who have successfully completed certain training as approved by the Board may perform further additional duties, such as:

1. soft tissue curettage;
2. minor equilibration procedures;
3. recontouring incisal edges;
4. treating pericornitis; and
5. administering analgesia (nitrous oxide).

In summary, the Oklahoma Board has authorized a broa of expanded functions for all assistants and hygienists addition, allows other and more responsible functions t who become qualified by special training. The Board stat the dentist may delegate to assistants any task not prohib its regulations. The scope of the duties and responsibilities gienists was expanded by the Board both by directly assig list of new hygienist functions and also by applying to hy that provision for assistants in the regulations which allo dentist to delegate any function not prohibited.

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In summary, the Oklahoma Board has authorized a broad range of expanded functions for all assistants and hygienists and, in addition, allows other and more responsible functions to those who become qualified by special training. The Board states that the dentist may delegate to assistants any task not prohibited in its regulations. The scope of the duties and responsibilities of hygienists was expanded by the Board both by directly assigning a list of new hygienist functions and also by applying to hygienists that provision for assistants in the regulations which allows the dentist to delegate any function not prohibited.

Oreg

The Oregon Dental Practice Act clearly makes the Board responsible for delineating the allowable tasks of dental hygienists (in addition to prophylaxis, a function authorized for hygienists by the act) and for delineating all tasks permitted other dental auxiliaries. In 1972, the Board of Dental Examiners issued a major revision of its rules and regulations to authorize, by an open provision, expanded functions for the dental hygienist and for a certain category of dental assistant. Early in 1974, the Board made a few additional revisions of the rules and regulations, but none which changed the basic status of allowable auxiliary functions prevailing at the end of 1973.

With regard to dental assistants, the revised rules and regulations designates them as either Class 1 or Class 2. Dental assistants may qualify for Class 2 (the higher level) by one or more of the following methods: completion of a course approved either by the Council on Dental Education of the American Dental Association or by the Oregon State Board of Dental Examiners, employment as a chairside assistant for 12 months, and/or current certification by the American Dental Assistants Association. Class 1 dental assistants are all those who do not qualify for Class 2.

Duties allowed to Class I dental assistants are more limited and are given in an itemized list which comprises chiefly those tasks widely regarded as traditional assistant functions, among which the following are representative examples:

1. assisting the dentist with the patient, including assisting with placement of rubber dam, and keeping the operating area clean and unobstructed;
2. mixing and preparing materials for use of the dentist or dental hygienist; and
3. arrangement, organization, and general care of instruments, including sterilization.

In addition, the Class 1 assistant may expose and develop radiographs for dental diagnostic purposes, after qualifying for
tificate of radiological proficiency.

The Class 2 dental assistant may perform all duties which
be performed by the Class 1 assistant but, in addition, the d
is broadly authorized to delegate other appropriate duties, s
only to certain prohibitions. These duties shall be performe
der the dentist's personal supervision, which means that th
tist is present in the office, assigns the work to be done,
available to check work in progress or completed. The B
rules and regulations do not itemize such additional duties b
only tasks which may not be delegated, as follows:

1. diagnosis;
2. cutting of hard or soft tissue or extraction of teeth;
3. operative preparation of teeth for the placement of re
tive materials or placement or carving of restorativ
terials in any manner;
4. making of jaw registrations or making of oral impre
for any purpose;
5. correction of malposition or malocclusion of teeth;
6. adjusting any appliance or other structure to be wo
the mouth;
7. administration of any general anesthetic or any inje
anesthetic;
8. making decisions concerning the use of drugs, drug d
and prescriptions;
9. prophylaxis or removal of stains, accretions, depos
cement from teeth;
10. placement or removal of periodontal packs;
11. administration of a topical anesthetic and topical de
tizing agents; and
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The Class 2 dental assistant may perform all duties which may be performed by the Class 1 assistant but, in addition, the dentist is broadly authorized to delegate other appropriate duties, subject only to certain prohibitions. These duties shall be performed under the dentist's personal supervision, which means that the dentist is present in the office, assigns the work to be done, and is available to check work in progress or completed. The Board's rules and regulations do not itemize such additional duties but list only tasks which may not be delegated, as follows:

1. diagnosis;
2. cutting of hard or soft tissue or extraction of teeth;
3. operative preparation of teeth for the placement of restorative materials or placement or carving of restorative materials in any manner;
4. making of jaw registrations or making of oral impressions for any purpose;
5. correction of malposition or malocclusion of teeth;
6. adjusting any appliance or other structure to be worn in the mouth;
7. administration of any general anesthetic or any injectable anesthetic;
8. making decisions concerning the use of drugs, drug dosage, and prescriptions;
9. prophylaxis or removal of stains, accretions, deposits or cement from teeth;
10. placement or removal of periodontal packs;
11. administration of a topical anesthetic and topical desensitizing agents; and
12. placement of retraction cords for tissue displacement for crown and bridge impressions.

The following two additional duties also may not be performed by a Class 2 dental assistant until after successful completion of a course approved by the Board:

13. polishing of amalgam restorations; and
14. removal of cement from orthodontic bands or appliances.

With regard to dental hygienists, the Board states that they may perform the duties listed below with a dentist present in the office, exercising general supervisory control, and available to check treatment in progress or the completed treatment:

1. administration of a topical anesthetic and topical desensitizing agents;
2. removal of stains, deposits, and accretions from the teeth; cleaning and polishing of teeth; root planing; and curettage of hard and soft tissue;
3. application of fluoride solutions to the teeth;
4. administration of mouthwashes and disclosing solutions;
5. dental radiographic procedures as described in the section of the rules dealing with radiological certification;
6. preliminary charting or recording of oral conditions on appropriate dental forms for review and verification by the dentist;
7. removal of sutures;
8. placement and removal of periodontal packs; and
9. training and instructing individuals or groups to teach oral hygiene and preventive procedures.

In addition, dental hygienists may perform all duties permitted to dental assistants in accordance with rules and regulations of the Board.

However, the Board also stipulates that the dental hygienist may not perform the following functions:

1. diagnosis;
2. cutting of hard or soft tissue or extraction of teeth;
3. operative preparation of teeth for placement of re
materials or placement or carving of restorative
in any manner;
4. making of jaw registrations or making of oral im
for any purpose, with the exception of study m
diagnostic purposes only;
5. correction of malposition or malocclusion of teeth;
6. adjusting any appliance or other structure to be
the mouth;
7. administration of any general anesthetic or the ad
tion of nitrous oxide analgesia or other drugs with
intended effect;
8. making decisions concerning the use of drugs, dru
and prescriptions; and
9. in addition, the hygienist is prohibited the use o
anesthetic before successful completion of a course
by the Board. After completing such a course the
may use such anesthetic, under the supervision and
sibility of a dentist, in order to facilitate more co
prophylaxis or scaling procedures.

In a public statement commenting on those provisio
rules regarding the functions which the dentist may dele
Oregon Board of Dental Examiners said: "The greatest
is to be given the dentist in determining whether his assi
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position that a major factor in its decisions on the
functions for hygienists and assistants is the availability
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2. cutting of hard or soft tissue or extraction of teeth;
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4. making of jaw registrations or making of oral impressions for any purpose, with the exception of study models for diagnostic purposes only;
5. correction of malposition or malocclusion of teeth;
6. adjusting any appliance or other structure to be worn in the mouth;
7. administration of any general anesthetic or the administration of nitrous oxide analgesia or other drugs with the same intended effect;
8. making decisions concerning the use of drugs, drug dosage, and prescriptions; and
9. in addition, the hygienist is prohibited the use of a local anesthetic before successful completion of a course approved by the Board. After completing such a course the hygienist may use such anesthetic, under the supervision and responsibility of a dentist, in order to facilitate more comfortable prophylaxis or scaling procedures.

In a public statement commenting on those provisions in its rules regarding the functions which the dentist may delegate, the Oregon Board of Dental Examiners said: "The greatest latitude is to be given the dentist in determining whether his assistant has the proper training to perform the function." The Board takes the position that a major factor in its decisions on the expanded functions for hygienists and assistants is the availability of education and training resources. The Board feels that certain functions cannot be delegated to auxiliaries until appropriate courses and programs are formulated, approved, and successfully completed.

Pennsylva

The Pennsylvania Dental Law, as amended in 1972, expanded the permitted functions of dental hygienists by deleting a listing of authorized tasks and introducing a broad provision that a dental hygienist, acting under supervision of a dentist, may perform those educational, preventive, and therapeutic services and procedures that licensed dental hygienists are educated to perform. The law also states specifically that the dentist may assign intraoral procedures to dental hygienists which require their professional competence and skill but do not require the professional competence and skill of the employer-dentist. However, no assignment of tasks to the dental hygienist shall include:

1. diagnosis and treatment planning;
2. writing prescriptions for drugs; or
3. writing authorizations for restorative, prosthetic, or orthodontic appliances.

The revised law says that the State Dental Council and Examining Board shall issue regulations setting forth the necessary education of dental hygienists and defining the procedures that they may perform under direct and/or general supervision of a dentist. The Board has not yet formally issued such new regulations to implement the law as amended in 1972.

The only presently-effective regulations of the Board are still those adopted in 1967. They authorize the dentist to delegate to "competent auxiliary personnel" procedures for which the dentist exercises direct supervision and full responsibility, except those procedures which require professional judgment and skill, such as:

1. diagnosis and treatment planning;
2. the cutting of hard and/or soft tissues; and
3. any intra-oral procedure which would lead to the fabrication of an appliance which, when worn by the patient, would come in direct contact with hard or soft tissue and which could result in tissue irritation or injury.

The regulations forbid dental assistants to perform fu which the law reserves for hygienists.

In response to requests for clarification of the law and dental rules and regulations, the Board in early 1974 issued lists of expanded duties and functions which dental auxiliari perform. However, these lists evidently do not constitute a amendment of the State's dental rules and regulations.

The first of the Board's lists presents functions charact as basic expanded functions which may be performed by all auxiliaries, as follows:

1. exposing and processing dental radiographs;
2. application and removal of rubber dam;
3. primary impressions (for study models);
4. pumice prophylaxis of clinical crowns;
5. placement and removal of dental matrix;
6. placement and removal of temporary restorations;
7. application of anti-carious and other topical agents;
8. plaque control procedures;
9. denture polishing and simple repairs; and
10. oral photography.

The Board presents a separate listing of functions whi identifies as restorative functions and which may also be dele to all auxiliaries, as follows:

1. placement, carving, and polishing amalgam restoratio
2. placement and finishing silicate, resin, or composite re tions;
3. adaption and placement of preformed temporary crow
4. construction and placement of space maintainers; and
5. construction and fitting mouthguard appliances.

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The regulations forbid dental assistants to perform functions which the law reserves for hygienists.

In response to requests for clarification of the law and of the dental rules and regulations, the Board in early 1974 issued three lists of expanded duties and functions which dental auxiliaries may perform. However, these lists evidently do not constitute a formal amendment of the State's dental rules and regulations.

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1. exposing and processing dental radiographs;
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The Board presents a separate listing of functions which it identifies as restorative functions and which may also be delegated to all auxiliaries, as follows:

1. placement, carving, and polishing amalgam restorations;
2. placement and finishing silicate, resin, or composite restorations;
3. adaption and placement of preformed temporary crowns;
4. construction and placement of space maintainers; and
5. construction and fitting mouthguard appliances.

The final list of the Board presents functions it generally characterizes as periodontal functions and which are to be delegated to the hygienist only, as follows:

1. oral examination and charting;
2. periodontal probing and charting;
3. scaling and root planing;
4. soft tissue curettage;
5. temporary stabilization (splinting);
6. placement and removal of periodontal packs;
7. desensitization;
8. oral health instruction and dietary analysis; and
9. patient instruction and education (toothbrushing, use of stimulators, water picks, etc.).

The Board also states that dental assistants may perform their tasks only under direct supervision. Hygienists may perform their routine functions under general supervision but the periodontal functions listed are mainly to be performed under direct supervision.

The Board has made a separate public statement with regard to the expanded functions and procedures in the preceding lists. The Board states that "to attempt to itemize in detail the multiplicity of procedures common to the practice of dentistry is not practical" —which indicates that the Board may regard some procedures which are not in these lists as also appropriate for delegation to properly qualified auxiliaries.

The Board statement emphasizes the necessity and im
of adequate preparation for expanded functions, insisting
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The Board statement emphasizes the necessity and importance of adequate preparation for expanded functions, insisting that all such expanded duties require training above and beyond the training for the more limited duties for which auxiliaries have been utilized in the past. As an illustration, the Board points out that a dental hygienist who has had only traditional training may not be competent to perform tasks which properly trained assistants may perform satisfactorily. However, a dental hygienist who does have the proper training may perform all the functions allowed dental assistants (but the reverse is not true). In all cases, the dentist-employer has the ultimate responsibility for evaluating the adequacy and competence of the work of any expanded duty auxiliary.

In summary, Pennsylvania amended its Dental Law in 1972 by deleting a listing of specific hygienist functions and broadly authorizing the Board to adopt regulations on hygienist educational requirements and on hygienist tasks. The State Dental Council and Examining Board has not yet formally issued such new regulations. However, even under the current regulations (in effect since 1967), Pennsylvania has a broad authorization which permits expanded functions for both dental hygienists and dental assistants, subject to certain prohibitions. In this connection, the Board made public in 1974 certain lists of expanded functions which it deems that dental auxiliaries may legally perform.

Rhode Isl

The Rhode Island Dental Act says explicitly that the activities of a dental hygienist shall be confined solely to removing calcic deposits, accretions, and stains from teeth. All other functions are barred by a statement that the hygienist shall not perform any other operation on the teeth or tissues of the mouth.

No mention of dental assistants is made in the act.

In brief, Rhode Island does not now authorize either hygienists or dental assistants to perform expanded fu although this matter has been under study. As of last re formal action has been completed.

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South Carolina

Pursuant to authority granted in the Dental Practice Law, the Board of Dentistry of South Carolina has promulgated rules and regulations which authorize expanded duties for dental hygienists and dental assistants by listing permitted functions.

The law authorizes "unlicensed personnel" (the term "dental assistants" is not used in the law) to perform tasks which require no formal dental training, provided they do so under the direct supervision of a dentist present on the premises. However, such tasks shall not include:

1. diagnosis or treatment;
2. taking impressions of the teeth or mouth; and
3. insertion or adjustment of dentures or bridges.

With regard to the authorized functions of the hygienist, working at the direction and control of the dentist, the law has a more restrictive provision, limiting the hygienist to the traditional functions of:

1. cleaning and polishing natural and restored surfaces of teeth (prophylaxis); and
2. topical application of drugs to hard and soft oral tissues.

The law does not set forth any similar statement of specific functions for dental assistants.

However, the law does authorize the Board to outline, from time to time and by appropriate regulations, additional tasks which both dental hygienists and dental assistants may perform.

Pursuant to the law, the Board has issued rules and regulations which authorize "qualified dental assistants" (the term used by the Board) to perform the following duties:

1. take and record pulse, blood pressure, and temperature;
2. expose and develop X-rays;
3. topical application of drugs as prescribed by the d
4. polish restorations and supra-gingival tooth structu
5. remove celluloid or plastic strips from between teeth;
6. remove orthodontic ligature wires;
7. place or remove rubber dam;
8. remove excess cement from restoration or applianc
9. remove sutures;
10. place and remove cotton rolls;
11. remove socket dressings; and
12. remove periodontal packs.

Dental assistants may become qualified to perform thes duties through current certification, graduation from an ap dental assistant course, or continuous employment as a ch dental assistant for at least 2 years.

These rules and regulations authorize dental hygienists form all the above functions designated for dental assistant the following additional functions designated by the Boar

1. preliminary oral examination and charting;
2. oral health instruction;
3. accept dentures for cleaning and repair; and
4. dispense oral drugs as prescribed.

The Board's rules and regulations require both dental hyg and dental assistants to perform their duties under the supervision of a licensed dentist on the premises.

Carolina

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6. remove orthodontic ligature wires;
7. place or remove rubber dam;
8. remove excess cement from restoration or appliance;
9. remove sutures;
10. place and remove cotton rolls;
11. remove socket dressings; and
12. remove periodontal packs.

Dental assistants may become qualified to perform these listed duties through current certification, graduation from an approved dental assistant course, or continuous employment as a chairside dental assistant for at least 2 years.

These rules and regulations authorize dental hygienists to perform all the above functions designated for dental assistants, plus the following additional functions designated by the Board:

1. preliminary oral examination and charting;
2. oral health instruction;
3. accept dentures for cleaning and repair; and
4. dispense oral drugs as prescribed.

The Board's rules and regulations require both dental hygienists and dental assistants to perform their duties under the direct supervision of a licensed dentist on the premises.

South Dak

As authorized by the South Dakota Dental Law, the functions of dental hygienists and dental assistants have been expanded by broad authorization in rules and regulations of the State Board of Dentistry, permitting a dentist to delegate those procedures for which he exercises direct supervision and responsibility, except for certain prohibited tasks.

The dental law, as of 1971, states that a licensed dental hygienist may perform, under supervision of the dentist, those services which are educational, diagnostic, therapeutic, or preventive in nature, and are authorized by the Board, provided that such services shall not include establishment of a final diagnosis or treatment plan for a patient.

With regard to dental assistants, the law states that the dentist may delegate to the unlicensed assistant, acting under his supervision, such tasks as may be authorized by the Board. The law also authorizes the Board to establish different levels of dental assistants, based upon recognized educational standards for their training, but the Board has not taken any action to establish such different levels.

The rules and regulations issued by the Board provide that the dentist may delegate to "competent and qualified dental auxiliary personnel" those procedures for which the dentist exercise
supervision and full responsibility, with the dentist to be
provide evidence of such competence and qualifications. T
ulations further state that the dentist may not delegate any
following tasks:

1. procedures which require professional judgment an
such as final diagnosis and treatment planning, oral s
and the cutting of hard and/or soft tissues, or any in
procedure which will be used directly in the fabrica
repair of an appliance which, when worn by the
would come in direct contact with the hard or soft i
2. procedures allocated by the dental law to licensed a
istered dental hygienists;
3. administration of injectable medication or anesthesia,
otherwise authorized by law; and
4. placing, finishing, and adjustment of final restoration
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1. procedures which require professional judgment and skill, such as final diagnosis and treatment planning, oral surgery, and the cutting of hard and/or soft tissues, or any intra-oral procedure which will be used directly in the fabrication or repair of an appliance which, when worn by the patient, would come in direct contact with the hard or soft issue;
2. procedures allocated by the dental law to licensed and registered dental hygienists;
3. administration of injectable medication or anesthesia, unless otherwise authorized by law; and
4. placing, finishing, and adjustment of final restorations, pulp capping materials, and cement bases.

The rules also indicate that a dental hygienist may perform all the duties authorized other dental auxiliaries, as long as these duties are performed under direct supervision of the dentist.

Tennessee

The Tennessee Dental Practice Act was amended in 1969 to permit expanded functions for dental hygienists and dental assistants.

A dental hygienist is defined by the act as a person engaged in "clinical procedures primarily concerned with the performance of preventive dental services not constituting the practice of dentistry." The act lists some of the representative functions of the hygienist, as follows:

1. removing hard and soft deposits and stains from the surfaces of teeth to the depth of the gingival sulcus;
2. polishing natural and restored surfaces of teeth; and
3. performing clinical examination of teeth and surrounding tissues for diagnosis by the dentist.

The amended act then adds a broad enabling provision which permits the hygienist, working under the supervision of a licensed dentist, to perform such other procedures as may be delegated by the dentist, consistent with the provisions of the act and in accordance with rules and regulations of the Board of Dentistry.

The act also states that a licensed dentist is authorized to "assign to duly certified and registered dental hygienists and adequately trained dental assistants regularly employed by him any tasks or procedures to be performed in the dentist's office for which he exercises direct supervision and full responsibility except those procedures requiring professional judgment or skill." Procedures specifically prohibited are the following:

1. diagnosis and treatment planning;
2. oral surgery;
3. cutting of hard and/or soft tissues;
4. any intra-oral procedures which would affect the function and/or efficiency of an appliance which, when worn by the patient, would come in direct contact with hard or soft tissue and which could result in tissue irritation or injury;
5. placing of permanent fillings or restorations in or
teeth; and
6. administration of a general or local anesthetic in con
with a dental operation.

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shall not be assigned to dental assistants but only to den
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In addition to the preceding provisions on the functi
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achieved by adding to the list of persons exempt from th
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Rules and regulations of the Tennessee Board of De
make no statement at all on functions and tasks permitted
assistants but give the following alternate qualifications
assistant to be assigned intra-oral procedures by a licensed d

1. satisfactory completion of an approved dental a
training program in an educational institution rec
by the Council on Dental Education of the American
Association and the Tennessee Board of Dentistry; o
2. current certification as a dental assistant by the Am
Dental Assistants Association; or
3. satisfactory completion of an examination or formal
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Association and the Tennessee Board of Dentistry.

With regard to dental hygienists, the Board's rules and r
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come in direct contact with hard or soft tis-
could result in tissue irritation or injury;

5. placing of permanent fillings or restorations in or on the teeth; and
6. administration of a general or local anesthetic in connection with a dental operation.

The act also stipulates that the tasks of cleaning and polishing teeth shall not be assigned to dental assistants but only to dental hygienists.

In addition to the preceding provisions on the functions of auxiliaries, the amended act contains a provision which authorizes experimental projects on auxiliary functions. This result is achieved by adding to the list of persons exempt from the legal definition of the practice of dentistry and dental hygiene those personnel involved in research or developmental projects, which projects are approved by the Board and conducted under the auspices and direction either of a recognized educational institution or of the Tennessee Department of Public Health.

Rules and regulations of the Tennessee Board of Dentistry make no statement at all on functions and tasks permitted dental assistants but give the following alternate qualifications for an assistant to be assigned intra-oral procedures by a licensed dentist:

1. satisfactory completion of an approved dental assistant training program in an educational institution recognized by the Council on Dental Education of the American Dental Association and the Tennessee Board of Dentistry; or
2. current certification as a dental assistant by the American Dental Assistants Association; or
3. satisfactory completion of an examination or formal training program outlined and approved by the Tennessee Dental Association and the Tennessee Board of Dentistry.

With regard to dental hygienists, the Board's rules and regulations provide no descriptions or guidelines on permitted hygienist functions nor do they indicate any qualifications to be required for hygienists to perform expanded functions.

In brief, the Tennessee Dental Practice Act, by an open provision, has authorized dentists to delegate numerous functions, including expanded functions, to both dental hygienists and tants, except for specified prohibited tasks. The rules and r tions of the Board of Dentistry provide no instructions or lines at all on the functions and tasks of these auxiliaries.

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Texas

Amendments to the Texas Dental Law enacted in 1969 and 1971 grant rather extensive authority for regulating the functions of dental auxiliaries to the State Board of Dental Examiners. This authority was clearly given to the Board in the 1969 amendment, which allows the Board to prescribe hygienist services and procedures beyond the few named in the law itself and, since the law lists no assistant functions, also assigns to the Board the task of defining and regulating the functions and tasks of dental assistants. The amended law authorizes the Board to designate the permitted tasks of both hygienists and assistants by issuing appropriate rules and regulations. The 1971 amendment of the law does not extend or otherwise change this authority significantly but restates more explicitly that the Board may regulate the activities and relationships of dentists, hygienists, and assistants, as well as the relationships between dental personnel and other branches of the healing arts and the public.

Pursuant to the authority granted by the amended law, the Board has expanded the functions of dental hygienists and dental assistants by issuing rules and regulations containing lists of the duties and tasks which these auxiliaries may perform. The Board first issued these lists in 1970 and reissued them in 1973 with some revisions and extensions.

With respect to dental hygienists, the Board's current rules and regulations state that they may perform the following services and procedures in the office of the dentist-employer, under his general supervision, direction, and responsibility:

1. removal of accumulated matter, tartar, accretions, or stains (except mottled enamel stains) from the natural and restored surfaces of teeth and from restorations in the mouth to the depth of the free gingival attachment, and also the polishing of such surfaces and restorations;
2. topical application of drugs to the surface tissu mouth and to the exposed surfaces of teeth; and
3. expose and develop radiographs;

The foregoing three hygienist functions are those auth the law itself and are here repeated from the Board's regulations.

4. take and record pulse, blood pressure, and tempe
5. floss the teeth, make preliminary inspection of t and teeth, and chart the findings;
6. remove or receive removable dental prostheses f ing or repair;
7. insert cleaned or repaired removable dental p when directed by the dentist;
8. place and remove celluloid or plastic strips betw for subsequent placement of filling by the denti or remove temporary non-metallic separating de place or remove preformed crowns or bands for ing size, but only when directed by the dentist a his supervision. (The dentist shall shape, festoon, fit, seat, or cement all crowns and bands);
9. place ligatures only on those sections of archwir have been securely seated in the bracket or tub dentist, but only upon direct orders of the dentist, examine the patient before dismissal;
10. remove ligature ties, cut and tuck ligatures, remov devices and any loose or broken bands or archwir directed by the dentist;
11. upon direct orders of the dentist, place in the mouth a tension device of a type which is usually mally placed in the patient's mouth by the patient (A tension device not controllable by the patient s be placed and/or activated by the dentist);

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2. topical application of drugs to the surface tissues of the mouth and to the exposed surfaces of teeth; and
3. expose and develop radiographs;

The foregoing three hygienist functions are those authorized in the law itself and are here repeated from the Board's rules and regulations.

4. take and record pulse, blood pressure, and temperature;
5. floss the teeth, make preliminary inspection of the mouth and teeth, and chart the findings;
6. remove or receive removable dental prostheses for cleaning or repair;
7. insert cleaned or repaired removable dental prostheses when directed by the dentist;
8. place and remove celluloid or plastic strips between teeth for subsequent placement of filling by the dentist; place or remove temporary non-metallic separating devices and place or remove preformed crowns or bands for determining size, but only when directed by the dentist and under his supervision. (The dentist shall shape, festoon, contour, fit, seat, or cement all crowns and bands);
9. place ligatures only on those sections of archwires which have been securely seated in the bracket or tube by the dentist, but only upon direct orders of the dentist, who must examine the patient before dismissal;
10. remove ligature ties, cut and tuck ligatures, remove tension devices and any loose or broken bands or archwires, when directed by the dentist;
11. upon direct orders of the dentist, place in the patient's mouth a tension device of a type which is usually or normally placed in the patient's mouth by the patient himself. (A tension device not controllable by the patient shall only be placed and/or activated by the dentist);

12. place or remove rubber dam, when directed by the dentist;
13. remove sutures on direct orders of the dentist;
14. on direct orders of the dentist, and using hand instruments only, insert or remove temporary medicinal fillings, but not including alloy, gold, plastics, porcelain, composites, or other restorative material;
15. insert and remove socket dressings on direct orders of the dentist;
16. place and remove periodontal packs on direct orders of the dentist; and
17. make dental plaque smears and oral mucosal smears.

Acting on its authority in the amended law, and concurrently with its actions relating to hygienists, the Board also issued rules and regulations which permit dental assistants to perform the following acts or services under the general supervision, direction, and responsibility of the dentist:

1. serve as the dentist's chairside assistant;
2. topical application of drugs prescribed by the dentist;
3. expose and develop dental radiographs;
4. take and record pulse, blood pressure, and temperature;
5. make preliminary inspection of the mouth and teeth using floss and mouth mirror only, and chart the findings;
6. receive removable dental prostheses for cleaning or repair;
7. place and remove celluloid or plastic strips between teeth for subsequent placement of filling by the dentist; place or remove temporary non-metallic separating devices and place or remove preformed crowns or bands for determining size, but only when directed by the dentist and under his supervision. (The dentist shall shape, festoon, contour, fit, seat, or cement all crowns and bands);
8. place ligature wires only on those sections of archwires which have been securely seated in the bracket or tube by the dentist, but only upon direct orders of the dentist,
must examine the patient before dismissal;
9. remove ligatures, cut and tuck ligatures, remove ten
devices and any loose or broken bands or archwires, w
directed by the dentist;
10. on direct orders of the dentist, place in the patient's m
a retaining device of a type which is usually or norm
placed in the patient's mouth by the patient himself.
retaining device not controllable by the patient shall
be placed and/or activated by the dentist);
11. place or remove rubber dam, when directed by the den
12. remove sutures on direct orders of the dentist;
13. remove cement, food, and loose debris from dental res
tions and appliances and from the tooth crown and
tissues, with hand instruments or with consumer i
available to the public;
14. on direct orders of the dentist, and using hand in
ments only, insert or remove temporary medicinal filli
but not including alloy, gold, plastics, porcelain, com
ites, or other restorative material;
15. remove socket dressings on direct orders of the dentis
16. remove periodontal packs on direct orders of the denti
17. make dental plaque smears and oral mucosal smears;
18. apply topical fluoride immediately after oral prophyl
by the dentist or the dental hygienist.

The rules and regulations append two notes to establish cle
that the following specific tasks shall not be performed by ei
a hygienist or assistant, but only by the dentist:

1. the application of fissure sealants; and
2. the fitting, adaptation, seating and cementation of
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rmit dental assistants to perform the fol-
nder the general supervision, direction,
dentist:

t's chairside assistant;
of drugs prescribed by the dentist;
p dental radiographs;
lse, blood pressure, and temperature;
inspection of the mouth and teeth using
irror only, and chart the findings;
dental prostheses for cleaning or repair;
celluloid or plastic strips between teeth
cement of filling by the dentist; place
ry non-metallic separating devices and
formed crowns or bands for determining
directed by the dentist and under his
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crowns and bands);
s only on those sections of archwires
curely seated in the bracket or tube by

the dentist, but only upon direct orders of the dentist, who must examine the patient before dismissal;

9. remove ligatures, cut and tuck ligatures, remove tension devices and any loose or broken bands or archwires, when directed by the dentist;
10. on direct orders of the dentist, place in the patient's mouth a retaining device of a type which is usually or normally placed in the patient's mouth by the patient himself. (A retaining device not controllable by the patient shall only be placed and/or activated by the dentist);
11. place or remove rubber dam, when directed by the dentist;
12. remove sutures on direct orders of the dentist;
13. remove cement, food, and loose debris from dental restorations and appliances and from the tooth crown and soft tissues, with hand instruments or with consumer items available to the public;
14. on direct orders of the dentist, and using hand instruments only, insert or remove temporary medicinal fillings, but not including alloy, gold, plastics, porcelain, composites, or other restorative material;
15. remove socket dressings on direct orders of the dentist;
16. remove periodontal packs on direct orders of the dentist;
17. make dental plaque smears and oral mucosal smears; and
18. apply topical fluoride immediately after oral prophylaxis by the dentist or the dental hygienist.

The rules and regulations append two notes to establish clearly that the following specific tasks shall not be performed by either a hygienist or assistant, but only by the dentist:

1. the application of fissure sealants; and
2. the fitting, adaptation, seating and cementation of any fixed dental appliance or restoration, including (but not

limited to) inlays, crowns, bands, space maintainers or space regainers, habit devices, or splints, whether temporary or permanent.

In summary, amendments to the Texas Dental Law granted the State Board of Dental Examiners authority to delineate and to regulate the functions of dental hygienists and assistants. to this authority, the Board has issued rules and r which contain lists of functions and tasks permitted to and assistants, including some expanded functions for iliary.

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The Utah Dental Laws authorize the dental hygienist to perform certain specified traditional functions but goes on to state that the hygienist may engage in any of the practices within the oral cavity that are included in the curriculums of recognized schools of dental hygiene, provided that these practices are performed under the direction, supervision, and responsibility of the dentist. While Utah has not revised its dental laws to permit expanded functions, the foregoing provision of the law could have the practical effect of permitting the hygienist to perform such functions in the future as recognized dental hygiene schools add those subjects to their curriculums.

The tasks of hygienists specifically authorized by the dental laws are:

1. removing calcific deposits or accretions from the surfaces of teeth outside of the line of normal attachment gum tissue, but not beyond;
2. cleaning or polishing such teeth;
3. making instrumental examination of patient's teeth;
4. applying and using within the patient's mouth such peutic agents as the employer-dentist may direct.

The laws further state that the hygienist shall not perfor other dental operative procedure to the teeth or tissues o mouth.

The dental laws of Utah make no mention of dental assi and therefore provide no mechanism for assigning them an panded functions.

Utah

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of teeth outside of the line of normal attachment to the gum tissue, but not beyond;

2. cleaning or polishing such teeth;
3. making instrumental examination of patient's teeth; and
4. applying and using within the patient's mouth such therapeutic agents as the employer-dentist may direct.

The laws further state that the hygienist shall not perform any other dental operative procedure to the teeth or tissues of the mouth.

The dental laws of Utah make no mention of dental assistants and therefore provide no mechanism for assigning them any expanded functions.

Vermont

The Vermont Dental Statutes were substantially amended in 1973 by addition of a section which, for the first time, made some reference to authorizing functions of dental assistants. The prior statutes had made no mention at all of the dental assistant. The main provision on the functions of dental hygienists was retained as amended earlier, in 1972, without further amendment. The amended statutes now specify that both hygienists and assistants may perform such tasks and duties in the office of a licensed dentist which are consistent with rules adopted by the Board of Dental Examiners. As of last report, such rules have not yet been issued by the Board.

The 1973 amendments also list the following functions that may not be assigned to either assistants or hygienists, nor to any other person not licensed to practice dentistry:

1. diagnosis, treatment planning, and prescriptions, including prescription for drugs and medicaments or authorization for restorative, prosthodontic, or orthodontic appliances; and
2. surgical procedures on hard and soft tissues within the oral cavity or any other intra-oral procedure that contributes to or results in an irremediable alteration of the oral anatomy.

The revised statutes introduce the subject of registration by defining a dental assistant as an individual registered to assist a dentist with dental duties directly relating to the care and treatment of patients. The statutes also contain this specific provision: "no person shall practice as a dental assistant in this State unless registered for that purpose by the Board." Further, the dental assistant is now also required to keep the certificate of registration on prominent display at the place of employment.

All applicants for registration as dental assistants shall indicate, on a form prepared and provided by the Board of Dent
iners, their education, training, and any other personal
tion required by the Secretary of the Vermont Agency o
Services (an agency with responsibilities relating to r
of various occupations). Applicants shall state, under o
they shall practice only under the authority of a dentist o
by whom they are employed, and that they shall notify t
tary within 5 days of the termination of such employm
employing dentist is also required to certify the state
the applicant relating to employment.

The revised statutes authorize the Board of Dental E
to promulgate regulations on the functions and duties of t
assistant and on the minimum education, training, ex
and standards required to work as a dental assistant. Th
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the need to improve the efficiency and to reduce the cost
service consistent with maintenance of the highest possi
dards of dental care. Worthy of note is a further require
the Secretary of the Agency of Human Services repo
General Assembly on the effectiveness of the new s
dental assistants not later than January 1976.

With regard to the functions and tasks authorized
dental hygienist, the provision of the statutes as extant
still prevails: a hygienist may perform duties for which
by successful completion of the normal curriculum of s
dental hygiene or by continuing education courses approv
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for registration as dental assistants shall indicate, on a form prepared and provided by the Board of Dental Examiners, their education, training, and any other personal information required by the Secretary of the Vermont Agency of Human Services (an agency with responsibilities relating to regulation of various occupations). Applicants shall state, under oath, that they shall practice only under the authority of a dentist or dentists by whom they are employed, and that they shall notify the Secretary within 5 days of the termination of such employment. The employing dentist is also required to certify the statements of the applicant relating to employment.

The revised statutes authorize the Board of Dental Examiners to promulgate regulations on the functions and duties of the dental assistant and on the minimum education, training, experience, and standards required to work as a dental assistant. The statute itself instructs the Board, in preparing regulations, to consider the need to improve the efficiency and to reduce the cost of dental service consistent with maintenance of the highest possible standards of dental care. Worthy of note is a further requirement that the Secretary of the Agency of Human Services report to the General Assembly on the effectiveness of the new section on dental assistants not later than January 1976.

With regard to the functions and tasks authorized for the dental hygienist, the provision of the statutes as extant in 1972 still prevails: a hygienist may perform duties for which qualified by successful completion of the normal curriculum of schools of dental hygiene or by continuing education courses approved by the Board. The hygienist may perform tasks in the office of any licensed dentist consistent with rules of the Board. The statutes prior to the 1972 revision had restricted dental hygienists to named traditional tasks.

Performance of any permitted intra-oral tasks by a dental assistant shall be under the direct supervision of the employer-dentist, who shall be responsible for the professional acts of the assistant. The dental hygienist may perform permitted tasks under the general supervision of a licensed dentist.

In summary, the current dental statutes of Vermont would permit the Board of Dental Examiners to adopt rules which allow the dentist to delegate to both dental hygienists and assi any functions not specifically prohibited to auxiliaries, incl expanded functions. As of last report, Board rules and regul have been prepared and are under review, but have not ye formally issued.

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Virginia

The Virginia Dental Law, as revised in 1972, retains the prior very general provision that a dental assistant or dental hygienist may aid or assist a licensed dentist as provided in the law, or as provided by rules and regulations of the Board of Dentistry. The amended law makes no further mention of dental assistants.

The 1972 amendment of the law deleted the itemized list of duties to be performed by the dental hygienist and has replaced it with a more general statement that a licensed dental hygienist, under the direction of a dentist, may perform educational, diagnostic, therapeutic, and preventive services as authorized by the Board. There is a specific restriction, however, which states that such services shall not include establishment of a final diagnosis or treatment plan.

Pursuant to the revised law, the Board of Dentistry issued rules and regulations which list functions authorized for dental assistants and dental hygienists. The dentist may delegate listed tasks to dental auxiliaries "who have formal or informal training sufficient to establish their competency" and who perform the tasks under the direct supervision and responsibility of the dentist.

The following functions and tasks may be performed by the dental assistant:

1. application of topical medicinal agents and sealants;
2. instruct patients in dietary principles;
3. place and expose X-ray films;
4. record a patient's pulse, blood pressure, temperature and medical history;
5. serve as a chairside assistant;
6. placement and removal of matrixes for restorations;
7. remove ligature ties;
8. placement and removal of rubber dam;
9. removal of cement from restorations and bands;
10. removal of sutures;
11. removal of temporary crowns and fillings;
12. removal of socket dressings;
13. placement and removal of periodontal packs;
14. taking a dental plaque smear;
15. application of topical anesthesia (aerosol topical a excluded);
16. polish natural and restored teeth by means of cup and appropriate polishing agent;
17. removal of ligature wires on orthodontic applianc
18. holding impression material after placement in the mouth by the dentist;
19. instructions in oral hygiene techniques;
20. selecting and prefitting of orthodontic bands for tion by the dentist; and
21. placement of amalgam in prepared cavities with th for condensation of the amalgam by the dentist.

The rules and regulations state that the dental hygie perform any task authorized for the dental assistant and, tion, may perform the following procedures:

1. scaling with hand instruments or ultrasonic device
2. perform an original or preliminary clinical examin teeth and surrounding tissues to assist the dentist i her diagnosis; and
3. take impressions for diagnostic purposes (study m

The dentist shall be present and observe the patient a evaluate the foregoing auxiliary tasks performed by the or hygienist before allowing the patient to leave the offi a few tasks specifically excepted. These exceptions are ins patients in dietary principles and oral hygiene and the r

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11. removal of temporary crowns and fillings;
12. removal of socket dressings;
13. placement and removal of periodontal packs;
14. taking a dental plaque smear;
15. application of topical anesthesia (aerosol topical anesthesia excluded);
16. polish natural and restored teeth by means of a rubber cup and appropriate polishing agent;
17. removal of ligature wires on orthodontic appliances;
18. holding impression material after placement in the patient's mouth by the dentist;
19. instructions in oral hygiene techniques;
20. selecting and prefitting of orthodontic bands for cementation by the dentist; and
21. placement of amalgam in prepared cavities with the carrier, for condensation of the amalgam by the dentist.

The rules and regulations state that the dental hygienist may perform any task authorized for the dental assistant and, in addition, may perform the following procedures:

1. scaling with hand instruments or ultrasonic devices;
2. perform an original or preliminary clinical examination of teeth and surrounding tissues to assist the dentist in his or her diagnosis; and
3. take impressions for diagnostic purposes (study models).

The dentist shall be present and observe the patient and shall evaluate the foregoing auxiliary tasks performed by the assistant or hygienist before allowing the patient to leave the office, with a few tasks specifically excepted. These exceptions are instructing patients in dietary principles and oral hygiene and the recording of a patient's pulse, blood pressure, temperature, and medical history.

In summary, the Virginia Board of Dentistry, pursuant to its amended dental law, has issued rules and regulations contai lists of permitted functions for dental assistants and hygien including some expanded functions.

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Washington

The Dental Laws of the State of Washington were revised in 1971 to allow dental hygienists and dental assistants to perform expanded functions, by adoption of open provisions which authorize the dentist to delegate auxiliary tasks, other than tasks on prohibited lists.

With regard to dental hygienists, the amended law carried over three traditional functions from the earlier law but deleted the provision that the hygienist shall not perform any other operation on the teeth or tissues of the mouth. These retained functions are:

1. remove deposits and stains from the surfaces of the teeth;
2. apply topical preventive or prophylactic agents; and
3. polish and smooth restorations.

The amended law added new hygienist authorizations (the last-named constituting the open provision) as follows:

4. perform root planing and soft-tissue curettage; and
5. perform other dental operations and services delegated by a licensed dentist, with the exception of the following dental operations or services:
   a. any surgical removal of tissues of the oral cavity;
   b. any prescription of drugs or medications requiring the written order or prescription of a licensed dentist or physician;
   c. any diagnosis for treatment or treatment planning; or
   d. taking any impressions of the teeth or jaw, or of the relationships of the teeth or jaws, for the purpose of fabricating any intra-oral restoration, appliance, or prosthesis.

An entirely new subsection has been added in the revised law which permits the performing of dental operations or services by persons not licensed (such as dental assistants), when performed under the supervision of a licensed dentist, provided that
such nonlicensed persons shall not perform the followi
operations or services:

1. any removal of or addition to the hard or soft
   the oral cavity;
2. any diagnosis of or prescription for treatment o
   pain, deformity, deficiency, injury, or physical
   of the human teeth or jaws, or adjacent structu
3. any administration of general or injected local
   of any nature, in connection with a dental opera
4. any oral prophylaxis; and
5. taking any impressions of the teeth or jaw, or o
   tionships of the teeth or jaws, for the purpose of f
   any intra-oral restoration, appliance, or prosthesis

At this point, it may be worth emphasizing that diffe
the lists of prohibited tasks for hygienists and assistant
as the respective positive authorizations), in effect,
hygienists to perform all functions of dental assistants,
tional auxiliary functions permitted to hygienists only.

The Auxiliary Services Committee of the Washing
Dental Association has issued what it calls an "explana
ment," which contains an interpretation of how the am
will operate in practice. Under the 1971 amendmen
judgment of the Committee, the dental assistant may no
the following duties:

1. patient education in oral hygiene;
2. place and remove the rubber dam;
3. hold in place and remove impression materials
   dentist has placed them, and also take impres
   study models;
4. remove the excess cement, after the dentist has
   gold restoration or a temporary crown, or fro
   orthodontic bands;

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ps of the teeth or jaws, for the purpose of
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performing of dental operations or services
ensed (such as dental assistants), when per-
upervision of a licensed dentist, provided that
such nonlicensed persons shall not perform the following dental operations or services:

1. any removal of or addition to the hard or soft tissues of the oral cavity;
2. any diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure;
3. any administration of general or injected local anesthetic of any nature, in connection with a dental operation;
4. any oral prophylaxis; and
5. taking any impressions of the teeth or jaw, or of the relationships of the teeth or jaws, for the purpose of fabricating any intra-oral restoration, appliance, or prosthesis.

At this point, it may be worth emphasizing that differences in the lists of prohibited tasks for hygienists and assistants (as well as the respective positive authorizations), in effect, authorize hygienists to perform all functions of dental assistants, plus additional auxiliary functions permitted to hygienists only.

The Auxiliary Services Committee of the Washington State Dental Association has issued what it calls an "explanatory statement," which contains an interpretation of how the amended law will operate in practice. Under the 1971 amendments, in the judgment of the Committee, the dental assistant may now perform the following duties:

1. patient education in oral hygiene;
2. place and remove the rubber dam;
3. hold in place and remove impression materials after the dentist has placed them, and also take impressions for study models;
4. remove the excess cement, after the dentist has placed a gold restoration or a temporary crown, or from around orthodontic bands;

5. give fluoride treatments;
6. remove periodontal packs, sutures, or orthodontic wires;
7. place matrix and wedge for a silver restoration after the dentist has prepared the cavity;
8. place a temporary filling after diagnosis and examination by the dentist; and
9. polish restorations at a subsequent dental appointment.

The State Dental Association's Committee has judged that the revised law retains for dental hygienists all functions previously allowed but now permits them, in addition, the following duties:

1. give injections of a local anesthetic. (Even though, in the evaluation of the Committee, the new law allows the hygienist to give a nerve block, the Committee believes tha
   chief application of this function is expected to be for
   infiltration as needed for deep curettage of period
   pockets);
2. condense silver restorations into the cavity prepared by
   dentist, after which the hygienist may carve the restor
   and adjust contacts and occlusion of the restoration.

In Washington, all of the authorizations of functions of d
hygienists and assistants now in effect are contained in the D
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Committee, the new law allows the hygienist to give a nerve block, the Committee believes that the chief application of this function is expected to be for local infiltration as needed for deep curettage of periodontal pockets);

2. condense silver restorations into the cavity prepared by the dentist, after which the hygienist may carve the restoration and adjust contacts and occlusion of the restoration.

In Washington, all of the authorizations of functions of dental hygienists and assistants now in effect are contained in the Dental Laws as revised in 1971. The present law, through its open provisions, authorizes numerous functions, including expanded functions, for both these auxiliaries, without implementation by rules and regulations of the State Board of Dental Examiners.

West Virginia

West Virginia in 1972 adopted amendments to its Dental Law as it relates to dental hygienists and assistants and subsequently promulgated implementing rules and regulations pursuant to these amendments.

The amended law now broadly states that dentists may assign to their employed dental hygienists or assistants intra-oral tasks that do not require the professional competence or skill of the employer-dentist, provided that:

1. performance of such intra-oral tasks by hygienists or assistants shall be under the direct supervision of the employer-dentist; and
2. neither hygienist nor assistant may be assigned any of the following procedures:
    a. diagnosis, treatment planning, and prescription (including prescriptions for drugs and medicaments, or authorizations for restorative, prosthodontic, or orthodontic appliances); or
    b. surgical procedures on hard and soft tissues within the oral cavity or any other intra-oral procedure that contributes to or results in an irremediable alteration of the oral anatomy.

The Board of Dental Examiners carried out the provision of the amended law which explicitly directs it to promulgate rules and regulations specifying the tasks dentists may assign to dental hygienists and assistants. The regulations repeat the list of activities prohibited to these auxiliaries, as given in the law, and follow with the Board's itemized lists of duties and intra-oral tasks which dentists may assign to hygienists and assistants in their employment.

The regulations present a list of tasks the dentist may assign to both the hygienist and assistant, but which (in view of a list of hygienist functions which is to follow) constitutes, in effect, a list of authorized tasks primarily for dental as

1. placing, exposing, developing, and mounting de graphs;
2. placing and removing rubber dams;
3. chart existing restorations and missing teeth;
4. hold and remove materials, tray, strips, sutures, previously placed in the patient's mouth by the de
5. remove excess cement without the use of rotating driven instruments.

The regulations continue with a list of specific duties which the dentist may assign to the dental hygienist a few tasks in the preceding list):

1. supragingival and subgingival scaling of teeth;
2. polishing of coronal surfaces of teeth;
3. dental health education;
4. nutritional counseling;
5. application of caries-preventive agents and oth medicaments to the surfaces of teeth and surroundi (including topical anesthesia);
6. placing, exposing, developing, and mounting de graphs;
7. finishing and polishing amalgams, resin, comp silicate restorations;
8. examining and recording periodontal findings;
9. scaling excessive cement from the surfaces of restorations;
10. performing clinical examinations and diagnosti teeth and surrounding teeth and recording fin interpretation by a dentist (including such proc restorative charting, caries activity tests, cytolog endodontic cultures, vitality tests, etc.);
11. removing soft-tissue dressings;

Virginia

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1. placing, exposing, developing, and mounting dental radiographs;
2. placing and removing rubber dams;
3. chart existing restorations and missing teeth;
4. hold and remove materials, tray, strips, sutures, and bands previously placed in the patient's mouth by the dentist; and
5. remove excess cement without the use of rotating or power-driven instruments.

The regulations continue with a list of specific duties and tasks which the dentist may assign to the dental hygienist (repeating a few tasks in the preceding list):

1. supragingival and subgingival scaling of teeth;
2. polishing of coronal surfaces of teeth;
3. dental health education;
4. nutritional counseling;
5. application of caries-preventive agents and other topical medicaments to the surfaces of teeth and surrounding tissues (including topical anesthesia);
6. placing, exposing, developing, and mounting dental radiographs;
7. finishing and polishing amalgams, resin, composite, and silicate restorations;
8. examining and recording periodontal findings;
9. scaling excessive cement from the surfaces of teeth and restorations;
10. performing clinical examinations and diagnostic tests of teeth and surrounding teeth and recording findings for interpretation by a dentist (including such procedures as restorative charting, caries activity tests, cytology smears, endodontic cultures, vitality tests, etc.);
11. removing soft-tissue dressings;

12. removing ligature wires;
13. preparing medical and dental histories for interpretation by a dentist;
14. placing and removing rubber dams;
15. taking impressions for study casts and pouring models;
16. taking intra-oral and extra-oral photographs; and
17. removing oral sutures.

These regulations incorporate all of the hygienist functions authorized in the amended law itself, which still specifically assigns the following tasks to the dental hygienist:

1. remove deposits, accretions and stains from the teeth;
2. make topical applications of drugs to exposed surfaces of teeth;
3. take dental X-rays; and
4. instruct patients in the practice of dental hygiene proce

The regulations reaffirm the provision of the law which that performance of intra-oral tasks by hygienists and ass shall be under the direct supervision of the employer-d The regulations add that the dentist who assigns expanded to the dental hygienist and/or assistant shall be solely respo for determining that such auxiliaries are fully competen qualified to perform those assigned duties.

In summary, a recent amendment of the Dental Law of Virginia made it possible to authorize dentists to assign v functions to both dental hygienists and assistants. As di by the amended law, the Board of Dental Examiners has implementing rules and regulations. The Board elected to p lists of specific tasks the hygienist and assistant may pe including some expanded functions for each auxiliary.

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The regulations reaffirm the provision of the law which states that performance of intra-oral tasks by hygienists and assistants shall be under the direct supervision of the employer-dentist. The regulations add that the dentist who assigns expanded duties to the dental hygienist and/or assistant shall be solely responsible for determining that such auxiliaries are fully competent and qualified to perform those assigned duties.

In summary, a recent amendment of the Dental Law of West Virginia made it possible to authorize dentists to assign various functions to both dental hygienists and assistants. As directed by the amended law, the Board of Dental Examiners has issued implementing rules and regulations. The Board elected to provide lists of specific tasks the hygienist and assistant may perform, including some expanded functions for each auxiliary.

Wisconsin

The Wisconsin Dentistry Law permits the dental hygienist, working under the direct supervision of a dentist, to perform those functions for which the hygienist has been trained in a school approved by the Board. This is the only statement on hygienist functions in the current law, and it replaces a provision in the prior law which had listed a limited number of specific traditional tasks authorized for the hygienist. The Dentistry Law has no provisions on the functions of the dental assistant.

Pursuant to its general rule-making authority, the Dentistry Examining Board of Wisconsin in 1972 revised its rules on permitted functions of both dental hygienists and dental assistants.

The Board's revised rules reinforce that provision of the law which designates the functions of a dental hygienist as those taught in approved schools of dental hygiene. In doing so, the Board explicitly points out that it refrains from a "specific enumeration" of a hygienist's permitted tasks. However, in these rules the Board sets forth the functions and tasks which dental hygienists may not perform, as follows:

1. administer or prescribe anesthetics, general or local, or administer or prescribe narcotic or non-narcotic drugs which produce systemic effects;
2. adjust appliances; and
3. diagnose any condition of the hard or soft tissues of the oral cavity or prescribe treatment to modify normal or pathological conditions of these tissues (but the hygienist may report any findings to the dentist).

With regard to the functions of dental assistants, the Board revised its rules by adopting a brief and general authorization for assistants to "assist the dentist under his direction." The Board further allows the assistant to perform an "expanded procedure or service" when certified for the function by successful attendance at a school approved by the Board.

The current rules also contain some prohibitions;
tants may not initiate or perform:

1. procedures allocated by the State Dentistry L
hygienists;
2. any duty that could result in an irreversible biol
3. diagnosing, prescribing treatment, or performi
for any condition so as to modify normal or
conditions of the hard or soft tissues of the oral
4. administration or prescription of anesthetics
local, or administration or prescription of nar
narcotic drugs which produce systemic effects;
5. any procedure which requires professional ju
skill.

The current rules require that both the dental hygi
dental assistant work under the supervision of the
bears final responsibility for all work performed. Th
provision that an assistant may not perform proce
oral cavity in the absence of the dentist.

The Board announced late in 1973 that it is again i
of revising its rules. At the same time, it issued an i
ment interpreting the existing rules as permitting pe
certain functions by dental auxiliaries.

The Board's interpretive statement indicates tha
hygienist may perform the following functions:

1. take impressions for study casts;
2. remove sutures and dressings;
3. polish amalgam in the same manner as hygienis
ally authorized to polish enamel;
4. emergency replacement of temporary restoratio
ings under the following conditions which th
clares to be an emergency and requiring eme

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ved by the Board.

The current rules also contain some prohibitions; dental assistants may not initiate or perform:

1. procedures allocated by the State Dentistry Law to dental hygienists;
2. any duty that could result in an irreversible biologic process;
3. diagnosing, prescribing treatment, or performing treatment for any condition so as to modify normal or pathological conditions of the hard or soft tissues of the oral cavity;
4. administration or prescription of anesthetics, general or local, or administration or prescription of narcotic or non-narcotic drugs which produce systemic effects; and
5. any procedure which requires professional judgment and skill.

The current rules require that both the dental hygienist and the dental assistant work under the supervision of the dentist, who bears final responsibility for all work performed. There is also a provision that an assistant may not perform procedures in the oral cavity in the absence of the dentist.

The Board announced late in 1973 that it is again in the process of revising its rules. At the same time, it issued an interim statement interpreting the existing rules as permitting performance of certain functions by dental auxiliaries.

The Board's interpretive statement indicates that the dental hygienist may perform the following functions:

1. take impressions for study casts;
2. remove sutures and dressings;
3. polish amalgam in the same manner as hygienists are generally authorized to polish enamel;
4. emergency replacement of temporary restorations or dressings under the following conditions which the Board declares to be an emergency and requiring emergency treat-

ment, as a result of the patient being uncomfortable because of:

a. loss of a dressing from an alveolar socket in previously-diagnosed cases of post-operative osteitis;
b. loss of a periodontal pack during the prescribed period of treatment; and
c. loss of a temporary crown or bridge or temporary medicinal filling.

The interpretive statement also indicates that the dental assistant may perform the following functions, under the direction of a dentist who is present and supervising:

1. make radiographic exposures;
2. take impressions for study casts;
3. perform preliminary oral examinations without instruments;
4. remove sutures and dressings;
5. apply fluorides;
6. place and remove rubber dams; and
7. remove excess cement from coronal surfaces of teeth.

One other additional function is authorized which does not re
the presence and supervision of the dentist, that is:

8. emergency replacement of temporary restorations and
ings under the emergency conditions outlined under ite
4 in the above hygienist list.

In brief, dental hygienists and assistants in Wisconsin ar
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d dressings;

6. place and remove rubber dams; and
7. remove excess cement from coronal surfaces of teeth.

One other additional function is authorized which does not require the presence and supervision of the dentist, that is:

8. emergency replacement of temporary restorations and dressings under the emergency conditions outlined under item No. 4 in the above hygienist list.

In brief, dental hygienists and assistants in Wisconsin are authorized by law and/or by the Board's rules to perform those expanded functions which auxiliaries have learned in curriculums approved by the Board. The Board has issued an interpretive statement which lists certain functions as included among those permitted to auxiliaries. It seems that these lists are representative only and do not diminish the effect of the open provisions in the law and the rules which allow auxiliaries to perform any functions for which they are trained and which are not specifically prohibited.

Wyoming

The Wyoming Dental Practice Act, enacted in 1969, provides that the duties of dental auxiliaries other than hygienists shall be determined by the Board of Dental Examiners. Pursuant to that provision, in 1969 the Board issued rules and regulations listing the functions of dental assistants, including some expanded functions. A few additional functions were added early in 1974. This section now reads as follows:

> "A dentist holding a current Wyoming Dental License may employ persons designated as dental assistants, who may be trained by their employer to perform the following under the direct supervision of their employer. The words, direct supervision, as applied in this directive, shall mean that the dentist must be physically present and engaged in his active dental practice in the office spaces where and when the auxiliary is performing these duties:
>
> 1. perform administrative duties and office management;
> 2. take vital statistics and health histories;
> 3. place, expose, and process radiographs;
> 4. apply topical medications;
> 5. mix dental materials to be used by the dentist;
> 6. superficial toilet of the oral cavity after opera
>   cedure;
> 7. instruct patients in proper dental health care
>   hygiene;
> 8. remove sutures;
> 9. assist the dentist in all operative and surgic
>   dures;
> 10. place and remove the rubber dam;
> 11. take study model impressions;
> 12. polish surfaces of teeth;
> 13. place and remove matrix; and
> 14. remove excess cement from coronal surfaces o

The last three items are those added in 1974.

Dental hygienists are permitted by the act to perform
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trained to do in accredited dental hygiene schools, but th
not perform any other operation on the teeth or mouth. T
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6. superficial toilet of the oral cavity after operative procedure;
7. instruct patients in proper dental health care and oral hygiene;
8. remove sutures;
9. assist the dentist in all operative and surgical procedures;
10. place and remove the rubber dam;
11. take study model impressions;
12. polish surfaces of teeth;
13. place and remove matrix; and
14. remove excess cement from coronal surfaces of teeth."

The last three items are those added in 1974.

Dental hygienists are permitted by the act to perform prophylaxis and any other services consistent with what hygienists are trained to do in accredited dental hygiene schools, but they shall not perform any other operation on the teeth or mouth. There are now no specific provisions, either in the act or in the Board's rules and regulations, for expanded functions for hygienists. It seems that, under the present act, dental hygienists may be permitted to perform expanded functions in the future if such functions are included in the curriculums of accredited dental hygiene schools.

National Summa

The following material consolidates, in tabular and graphic form, the information contained in the foregoing entries for the individual States. Five tables and a map give a composite picture of the status of expanded functions for dental auxiliaries on a nationwide basis.

Table 1 gives the number and percent of States with and without legal provisions authorizing expanded functions for dental hygienists and assistants in the United States at the close of the years 1970 and 1973. A comparison of the figures shows a noteworthy and significant increase during that 3-year period from 24 to 44 States with some legal provisions on expanded functions for these dental auxiliaries. This represents nearly a two-fold increase between 1970 and 1973, from 47 percent to 86 percent of the States. However, there were still six States and the District of Columbia which did not have any such legal provisions.

Among the 44 States which had some legal provisions for expanded functions in 1973, 39 States had such functions actually in effect—they were not only authorized but also implemented. In 34 of these 39 States, expanded functions may be delegated to both hygienists and assistants, in three States to hygienists only, and in another two States to assistants only. In the remaining five States of the 44, expanded functions are authorized in enabling provisions of the law but will not be in actual effect until the board of dentistry has issued the necessary implementing rules and regulations. In some of these States, such rules and regulations are being prepared but these have not yet been formally issued.

In Figure 1, the map of the United States, the status of each State with regard to authorization of expanded functions for dental auxiliaries is indicated by various graphic coding. One must guard against a natural, but unwarranted, assumption that the States in the large group coded for both hygienists and assistants have the same, or even similar, kinds of provisions on auxiliary functions.
These States vary greatly among themselves with regard to
expanded functions are authorized and by what mechanisms
have been put into effect. The same caution is indicated for
smaller groups—the States which permit expanded functions
hygienists only, those with similar authorization for assist
only, and the States which have not yet implemented autho
granted by legislation. Within each group, no two States
exactly alike.

Table 2 provides a State by State summation of the legal m
anism and the operative mechanism (explained in the Intro
tion) by which each State permits delegation of expanded funct
to hygienists and to assistants. The first heading in the
indicates the legal mechanism by which expanded functions
permitted (whether or not currently in effect) in the 44 S
which have such mechanisms, i.e., by legislation, rules and r
lations, or both. Most of these States, 37 in number, have ado
the combination of law plus rules and regulations as the
mechanism. Expanded functions are authorized in five State
law only and in two States by rules and regulations only.
other columns of Table 2 show the operative mechanism—i.e.,
open provision or the itemized list—by which expanded funct
are delegated to dental hygienists and assistants respectively in
39 States which actually have the indicated operative mechan
in effect. Among this group of States, the largest number, 20,
adopted the open provision as the operative mechanism, 16 S
use the itemized list, while three States use both the list and
open provision. The remaining five States are those which
some legal mechanism but do not yet have any operative mec
ism because there is still "no implementation" by issuance of
essary rules and regulations by the board of dentistry.

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National Summary

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These States vary greatly among themselves with regard to what expanded functions are authorized and by what mechanisms they have been put into effect. The same caution is indicated for the smaller groups—the States which permit expanded functions for hygienists only, those with similar authorization for assistants only, and the States which have not yet implemented authority granted by legislation. Within each group, no two States are exactly alike.

Table 2 provides a State by State summation of the legal mechanism and the operative mechanism (explained in the Introduction) by which each State permits delegation of expanded functions to hygienists and to assistants. The first heading in the table indicates the legal mechanism by which expanded functions are permitted (whether or not currently in effect) in the 44 States which have such mechanisms, i.e., by legislation, rules and regulations, or both. Most of these States, 37 in number, have adopted the combination of law plus rules and regulations as the legal mechanism. Expanded functions are authorized in five States by law only and in two States by rules and regulations only. The other columns of Table 2 show the operative mechanism—i.e., the open provision or the itemized list—by which expanded functions are delegated to dental hygienists and assistants respectively in the 39 States which actually have the indicated operative mechanism in effect. Among this group of States, the largest number, 20, has adopted the open provision as the operative mechanism, 16 States use the itemized list, while three States use both the list and the open provision. The remaining five States are those which have some legal mechanism but do not yet have any operative mechanism because there is still "no implementation" by issuance of necessary rules and regulations by the board of dentistry.

Tables 3 and 4 list the number and percent of expanded-function States—those 39 States in which expanded functions are both authorized and implemented—which authorize certain specific ex-

Table 1 NUMBER AND PERCENT OF STATES WITH AND WITHOUT LEGAL PROVISIONS EXPANDED FUNCTIONS FOR DENTAL HYGIENISTS AND ASSISTANTS, 1970 AN

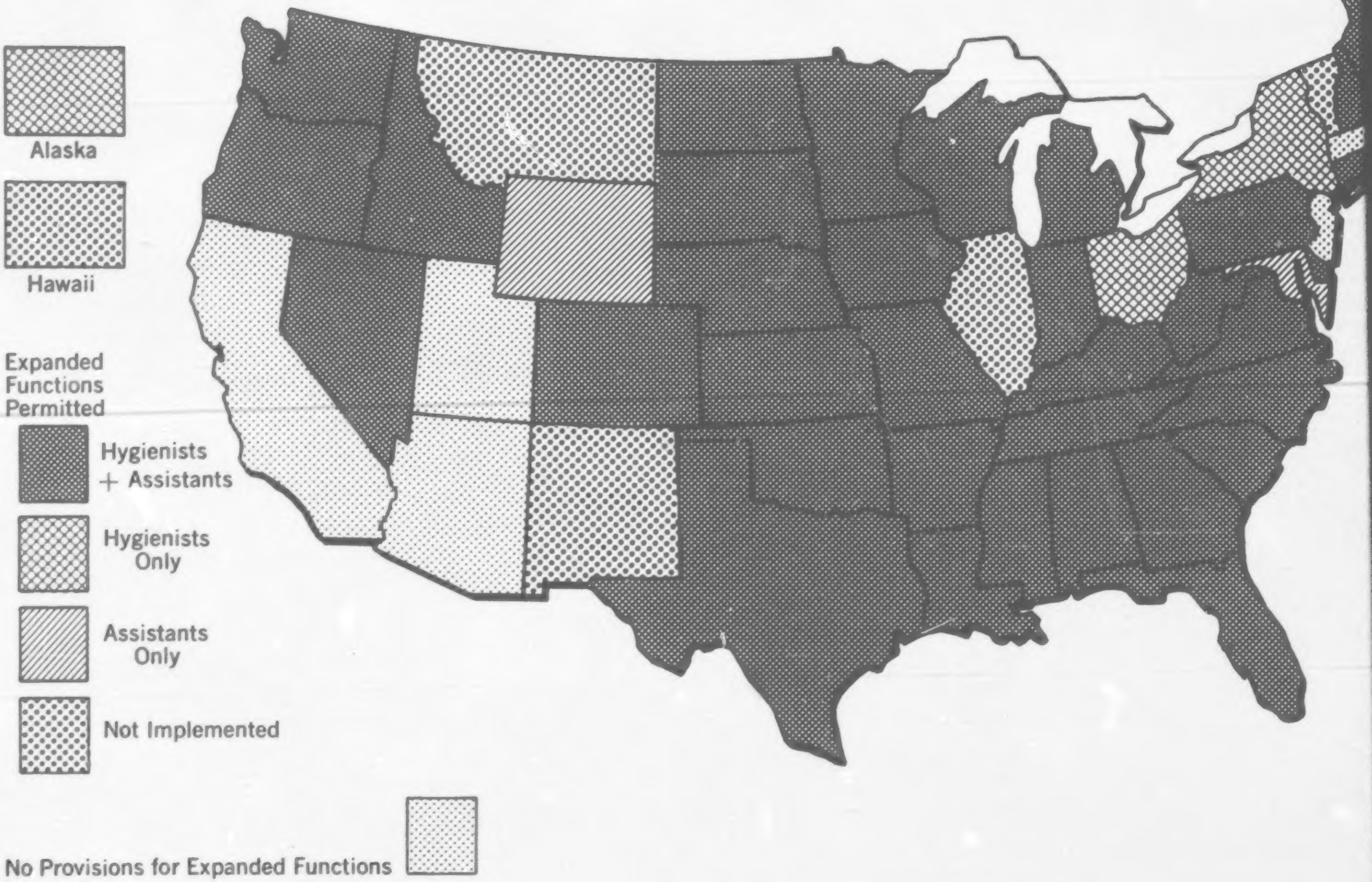
Status on Expanded Functions	States in 1970		States i
	Number	Percent	Number
All States plus District of Columbia	51	100.0	51
States with No Legal Provisions on Expanded Functions	27	52.9	7
States with Legal Provisions on Expanded Functions	24	47.1	44
Expanded Functions Authorized but Not Implemented	3	5.9	5
Expanded Functions Authorized and Implemented	21	41.2	39
For Hygienists and Assistants	12	23.5	34
For Hygienists Only	3	5.9	3
For Assistants Only	6	11.8	2

1 NUMBER AND PERCENT OF STATES WITH AND WITHOUT LEGAL PROVISIONS ON EXPANDED FUNCTIONS FOR DENTAL HYGIENISTS AND ASSISTANTS, 1970 AND 1973

on Expanded Functions	States in 1970		States in 1973	
	Number	Percent	Number	Percent
es plus District of Columbia	51	100.0	51	100.0
egal Provisions on Expanded Functions	27	52.9	7	13.7
l Provisions on Expanded Functions	24	47.1	44	86.3
ctions Authorized but Not Implemented	3	5.9	5	9.8
ctions Authorized and Implemented	21	41.2	39	76.5
ts and Assistants	12	23.5	34	66.7
ts Only	3	5.9	3	5.9
ts Only	6	11.8	2	3.9

Figur

STATES WITH AUTHORIZATIONS OF EXPANDED FUNCTIONS FOR DENTAL HYGIENISTS AND ASSISTANTS, 1973



STATES WITH AUTHORIZATIONS OF EXPANDED FUNCTIONS FOR DENTAL HYGIENISTS AND ASSISTANTS, 1973

Figure 1

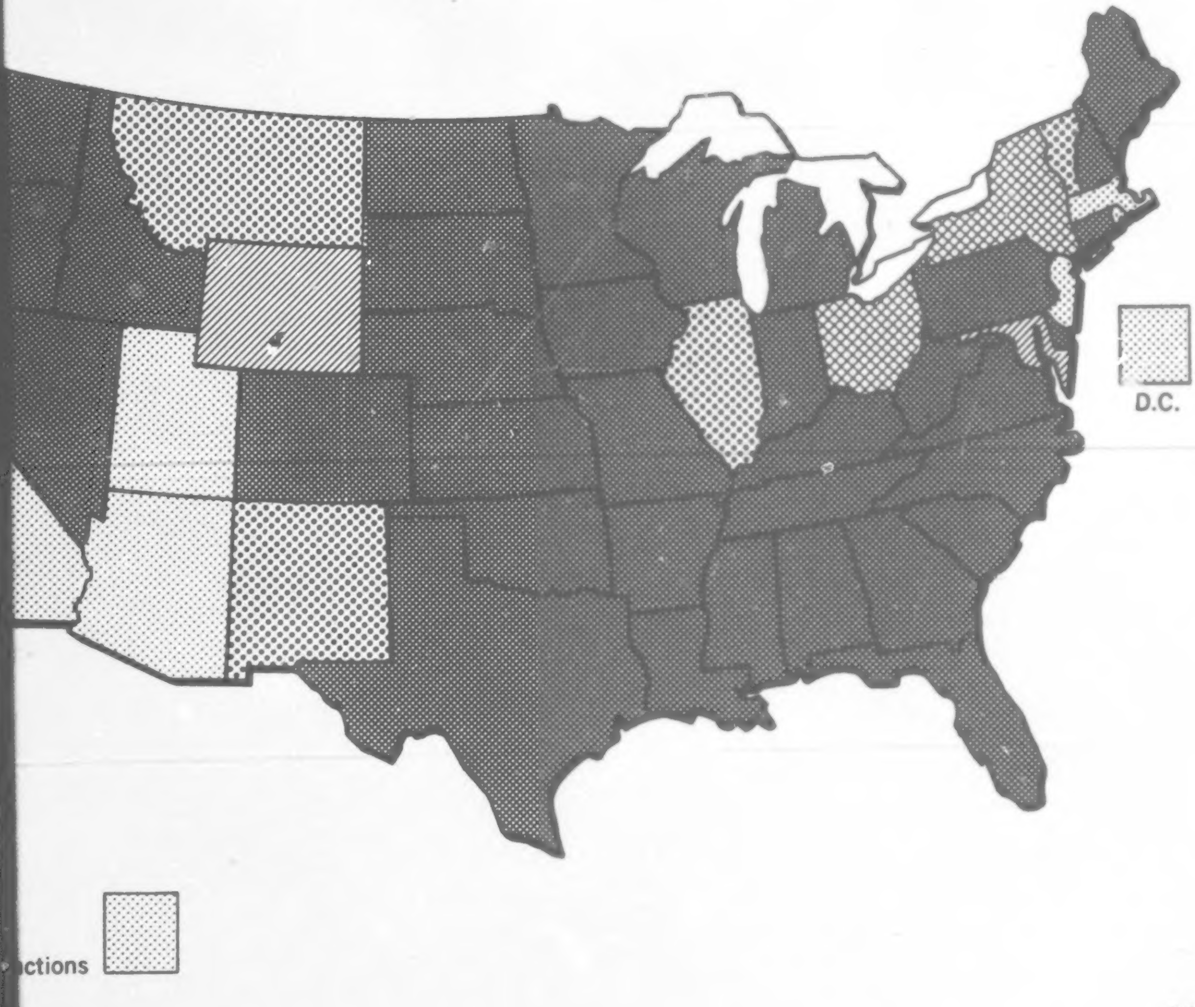


Table 2 LEGAL AND OPERATIVE MECHANISMS FOR EXPANDED FUNCTIONS FOR DENTAL HYGIENISTS AND ASSISTANTS, SUMMARIZED BY STATE, 1973

State	Legal Mechanism	Operative Mechanism		State	Legal Mechanism	O Me
		Hygienist	Assistant			Hygieni
Alabama	R	Open	Open	Missouri	L + R	Open
Alaska	L	Open	—	Montana	L + R	NI
Arizona	—	—	—	Nebraska	L + R	Open
Arkansas	L + R	List	List	Nevada	L + R	List
California*	—	—	—	New Hampshire	L + R	List
Colorado	L + R	Open	Open	New Jersey	—	—
Connecticut*	L	Open	Open	New Mexico	L + R	NI
Delaware	R	Open	Open	New York*	L + R	List
Dist. of Columbia	—	—	—	North Carolina	L + R	Open
Florida	L + R	List	List	North Dakota	L + R	List
Georgia	L + R	Open	Open	Ohio*	L + R	List
Hawaii	L + R	NI	NI	Oklahoma	L + R	Open
Idaho	L + R	List	List	Oregon*	L + R	Open
Illinois	L + R	NI	—	Pennsylvania*	L + R	Open
Indiana	L	Open	Open	Rhode Island	—	—
Iowa	L + R	List	Open	South Carolina	L + R	List
Kansas	L + R	List	Open	South Dakota	L + R	Open
Kentucky	L + R	Open	Open	Tennessee	L + R	Open
Louisiana	L + R	List	List	Texas	L + R	List
Maine	L + R	List	Open	Utah	—	—
Maryland	L + R	NI	Open	Vermont	L + R	NI
Massachusetts	—	—	—	Virginia	L + R	List
Michigan	L + R	List	List	Washington	L	Open
Minnesota	L + R	List	List	West Virginia	L + R	List
Mississippi	L	Open	Open	Wisconsin	L + R	Open
				Wyoming*	L + R	—

LEGEND: L = State Law R = Rules and regulations of the State Board of Dentistry
Open = Open provision, which authorizes dentist to delegate any tasks not prohibited List = List of specific tasks (itemized) fo
NI = No implementation, i.e., law permits expanded functions but necessary implementing rules and regulations have not been issued
Dash (—) = No authorization for expanded functions Asterisk (*) = Some 1974 information is also reported in the individual S

2 LEGAL AND OPERATIVE MECHANISMS FOR EXPANDED FUNCTIONS FOR DENTAL HYGIENISTS AND ASSISTANTS, SUMMARIZED BY STATE, 1973

Legal Mechanism	Operative Mechanism		State	Legal Mechanism	Operative Mechanism	
	Hygienist	Assistant			Hygienist	Assistant
R	Open	Open	Missouri	L + R	Open	Open
L	Open	—	Montana	L + R	NI	NI
—	—	—	Nebraska	L + R	Open	Open
L + R	List	List	Nevada	L + R	List	List
—	—	—	New Hampshire	L + R	List	List
L + R	Open	Open	New Jersey	—	—	—
L	Open	Open	New Mexico	L + R	NI	NI
R	Open	Open	New York*	L + R	List	—
—	—	—	North Carolina	L + R	Open	Open
L + R	List	List	North Dakota	L + R	List	List
L + R	Open	Open	Ohio*	L + R	List	—
L + R	NI	NI	Oklahoma	L + R	Open	Open
L + R	List	List	Oregon*	L + R	Open	Open
L + R	NI	—	Pennsylvania*	L + R	Open	Open
L	Open	Open	Rhode Island	—	—	—
L + R	List	Open	South Carolina	L + R	List	List
L + R	List	Open	South Dakota	L + R	Open	Open
L + R	Open	Open	Tennessee	L + R	Open	Open
L + R	List	List	Texas	L + R	List	List
L + R	List	Open	Utah	—	—	—
L + R	NI	Open	Vermont	L + R	NI	NI
—	—	—	Virginia	L + R	List	List
L + R	List	List	Washington	L	Open	Open
L + R	List	List	West Virginia	L + R	List	List
L	Open	Open	Wisconsin	L + R	Open	Open
			Wyoming*	L + R	—	List

Law R = Rules and regulations of the State Board of Dentistry
pen provision, which authorizes dentist to delegate any tasks not prohibited List = List of specific tasks (itemized) for auxiliaries
mplementation, i.e., law permits expanded functions but necessary implementing rules and regulations have not been issued by the Board
= No authorization for expanded functions Asterisk (*) = Some 1974 information is also reported in the individual State summary

panded functions for hygienists and for assistants. There is as yet no complete consensus on which procedures and tasks constitute expanded functions for dental auxiliaries. The list of auxiliary functions designated as expanded functions which has probably received the widest distribution and attention in the United States is that contained in a report issued in 1972 by an Inter-Agency Committee on Dental Auxiliaries, which had representation from the American Dental Association, the American Association of Dental Examiners, the American Dental Hygienists' Association, the American Dental Assistants Association, and the American Association of Dental Schools. The Inter-Agency Committee report provided guidelines to aid persons responsible for or concerned with teaching and curriculum development in this field. The list of 15 expanded functions in Tables 3 and 4 is the list in that Inter-Agency Committee report. A further rationale for adoption of that particular list in this publication is that the first 11 of the 15 functions constitute the minimum list of expanded functions acceptable for programs in "Training in Expanded Auxiliary Management (TEAM)," a grants program administered by the Division of Dentistry, Health Resources Administration, U.S. Department of Health, Education, and Welfare. The purpose of the TEAM program is to teach dental students to manage a total dental health team in which the dentist performs those tasks which require his special knowledge and skills, while other functions and tasks, including expanded functions, are delegated to dental auxiliaries. At mid-1974, TEAM grants had been awarded to 26 schools of dentistry.

Not all of these 15 functions listed in Tables 3 and 4 have the same significance for delegation to hygienists and to assistants. A few of the functions have long been traditional for hygienists but represent new and expanded tasks for assistants. However, for completeness and for comparison, the same list of 15 functions is used in both tables. Another major point to be made is to emphasize the very significant distinction represented by two column headings which appear in both tables—the column which gives the number of expanded-function States in which the functions
are specifically identified (i.e., by a list) and the adjacent co
which gives the number of expanded-function States in whic
authorization is based on an open provision.

In Table 3, which refers to hygienists only, it is worth n
that, among the functions which are generally considered t
tional for the hygienists, only one—polishing of coronal sur
of teeth—is actually assigned to the hygienist by all 39 o
expanded-function States. There are other long-traditional
gienist functions which are still not authorized for hygienis
the legal provisions of a few of these States—such as provi
oral health instruction to patients, preliminary oral examina
and application of topical anticariogenic agents. Nevertheless,
three-fourths of the expanded-function States authorize hygie
to perform nine of the 15 listed functions and over half of t
States authorize 11 of the listed functions for hygienists. It is
in Table 4, which deals with assistants only, that more than th
fourths of the expanded-function States authorize for assist
only four of the same list of 15 functions, but a further comp
tion shows that more than half of these States permit assistan
perform ten of the 15 functions—very close to the number in
table for hygienists.

Comparison of authorization for various individual funct
in Tables 3 and 4 will show that, in general, the numbers and
centages of the States are very close in the separate listings
hygienists and assistants. For ten of the 15 listed functions,
percentages of States which allow delegation of the functio
both hygienists and assistants vary by ten percent or less.
similarity persists through all ten functions, whether a large n
ber, an intermediate number, or a small number of States all
such delegation to both hygienists and assistants. Functions wh
are authorized to an approximately equal extent for both
gienists and assistants in a large count of States include remo
of sutures and dressings and placement of rubber dams; in
intermediate range, such functions include taking impressions
study casts and placing and removing temporary restoratio
Functions which are authorized almost equally for both hygien

are specifically identified (i.e., by a list) and the adjacent column which gives the number of expanded-function States in which the authorization is based on an open provision.

In Table 3, which refers to hygienists only, it is worth noting that, among the functions which are generally considered traditional for the hygienists, only one—polishing of coronal surfaces of teeth—is actually assigned to the hygienist by all 39 of the expanded-function States. There are other long-traditional hygienist functions which are still not authorized for hygienists in the legal provisions of a few of these States—such as providing oral health instruction to patients, preliminary oral examination, and application of topical anticariogenic agents. Nevertheless, over three-fourths of the expanded-function States authorize hygienists to perform nine of the 15 listed functions and over half of these States authorize 11 of the listed functions for hygienists. It is seen in Table 4, which deals with assistants only, that more than three-fourths of the expanded-function States authorize for assistants only four of the same list of 15 functions, but a further computation shows that more than half of these States permit assistants to perform ten of the 15 functions—very close to the number in the table for hygienists.

Comparison of authorization for various individual functions in Tables 3 and 4 will show that, in general, the numbers and percentages of the States are very close in the separate listings for hygienists and assistants. For ten of the 15 listed functions, the percentages of States which allow delegation of the function to both hygienists and assistants vary by ten percent or less. This similarity persists through all ten functions, whether a large number, an intermediate number, or a small number of States allows such delegation to both hygienists and assistants. Functions which are authorized to an approximately equal extent for both hygienists and assistants in a large count of States include removal of sutures and dressings and placement of rubber dams; in the intermediate range, such functions include taking impressions for study casts and placing and removing temporary restorations. Functions which are authorized almost equally for both hygienists

Table 3 NUMBER AND PERCENT OF EXPANDED-FUNCTION STATES (39) WHICH PERMIT SPECIFIC FUNCTIONS FOR DENTAL HYGIENISTS, 1973

Permitted Function	Number of Expanded-Function States		
	With Function Specifically Identified	With Open Provision & Function Not Specifically Prohibited	Total Permitting the Function
Placing Rubber Dams	13	17	30
Taking Impressions for Study Casts	17	12	29
Placing and Removing Matrices	6	15	21
Placing and Removing Temporary Restorations	8	11	19
Placing, Carving, and Finishing Amalgam Restorations	1	6	7
Placing and Finishing Resin, Composite, and Silicate Restorations	1	6	7
Performing Preliminary Oral Examinations	21	12	33
Making Radiographic Exposures	24	13	37
Providing Oral Health Instruction	19	17	36
Polishing Coronal Surfaces of Teeth	35	4	39
Applying Anticariogenic Agents Topically	24	13	37
Removing Sutures and Dressings	18*	17	35
Administering Local Anesthetic Agents	3	6	9
Removing Excess Cement from Coronal Surfaces of Teeth	13	18	31
Applying Topical Anesthetic Agents	11	20	31

*Some States list removal of sutures only.

NUMBER AND PERCENT OF EXPANDED-FUNCTION STATES (39) WHICH PERMIT SPECIFIC FUNCTIONS FOR DENTAL HYGIENISTS, 1973

ted Function	Number of Expanded-Function States			Percent of Expanded-Function States Permitting the Function
	With Function Specifically Identified	With Open Provision & Function Not Specifically Prohibited	Total Permitting the Function	
Dams	13	17	30	76.9
ons for Study Casts	17	12	29	74.4
noving Matrices	6	15	21	53.8
noving Temporary Restorations	8	11	19	48.7
, and Finishing Amalgam Restorations	1	6	7	17.9
ishing Resin, Composite, and Silicate Restorations	1	6	7	17.9
iminary Oral Examinations	21	12	33	84.6
aphic Exposures	24	13	37	94.9
Health Instruction	19	17	36	92.3
l Surfaces of Teeth	35	4	39	100.0
riogenic Agents Topically	24	13	37	94.9
es and Dressings	18*	17	35	89.7
ocal Anesthetic Agents	3	6	9	23.1
s Cement from Coronal Surfaces of Teeth	13	18	31	79.5
l Anesthetic Agents	11	20	31	79.5

noval of sutures only.

NUMBER AND PERCENT OF EXPANDED-FUNCTION STATES (39) WHICH PERMIT SPECIFIC FUNCTIONS FOR DENTAL ASSISTANTS, 1973

Tab

Permitted Function	Number of Expanded-Function States			Perc Expa Func Sta Perm the Fu
	With Function Specifically Identified	With Open Provision & Function Not Specifically Prohibited	Total Permitting the Function	
Placing Rubber Dams	12	19	31	79
Taking Impressions for Study Casts	12	13	25	64
Placing and Removing Matrices	5	19	24	61
Placing and Removing Temporary Restorations	4	12	16	41
Placing, Carving, and Finishing Amalgam Restorations	1	5	6	15
Placing and Finishing Resin, Composite, and Silicate Restorations	1	5	6	15
Performing Preliminary Oral Examinations	6	15	21	53
Making Radiographic Exposures	23	12	35	89
Providing Oral Health Instruction	11	19	30	76
Polishing Coronal Surfaces of Teeth	7	3	10	25
Applying Anticariogenic Agents Topically	15	12	27	69
Removing Sutures and Dressings	12*	19	31	79
Administering Local Anesthetic Agents	0	4	4	10
Removing Excess Cement from Coronal Surfaces of Teeth	14	15	29	74
Applying Topical Anesthetic Agents	8	19	27	69

*Some States list removal of sutures only.

BER AND PERCENT OF EXPANDED-FUNCTION STATES (39) WHICH PERMIT SPECIFIC FUNCTIONS FOR DENTAL ASSISTANTS, 1973

Table 4

Function	Number of Expanded-Function States: With Function Specifically Identified	Number of Expanded-Function States: With Open Provision & Function Not Specifically Prohibited	Number of Expanded-Function States: Total Permitting the Function	Percent of Expanded-Function States Permitting the Function
ns	12	19	31	79.5
for Study Casts	12	13	25	64.1
ng Matrices	5	19	24	61.5
ng Temporary Restorations	4	12	16	41.0
d Finishing Amalgam Restorations	1	5	6	15.4
ng Resin, Composite, and Silicate Restorations	1	5	6	15.4
nary Oral Examinations	6	15	21	53.8
ic Exposures	23	12	35	89.7
lth Instruction	11	19	30	76.9
rfaces of Teeth	7	3	10	25.6
enic Agents Topically	15	12	27	69.2
nd Dressings	12*	19	31	79.5
Anesthetic Agents	0	4	4	10.3
ment from Coronal Surfaces of Teeth	14	15	29	74.4
nesthetic Agents	8	19	27	69.2

of sutures only.

and assistants in a very small number of the States are placement of amalgam restorations and placement of resin, composite, and silicate restorations.

In contrast to the similarities just described, there is considerable divergence between Tables 3 and 4 with regard to three functions which have long been considered traditional hygienist functions—preliminary oral examinations, application of anticariogenic agents, and polishing of coronal surfaces of teeth. However, even in this small group in which the greatest divergence occurs, over half of the States allow the assistant as well as the hygienist to perform the first two of these functions. Assistants are much more restricted with regard to the polishing of coronal surfaces of teeth; only one-fourth of the expanded-function States allow assistants to perform this function.

Table 5 indicates the number of expanded-function States which specifically prohibit dental auxiliaries from performing certain functions—which functions are consequently reserved for the dentist only. Such reservation is made primarily on the judgment of individual States on what tasks require "the special knowledge and skill of the dentist." The functions listed in the table are those which occur most frequently among the prohibitions contained in State dental laws and/or in formal documents of boards of dentistry. The number of States which specifically prohibit several of the listed functions is lower than might be expected because many States present only a few examples or a representative list of such prohibitions. Another reason for the low count of States prohibiting some functions is that there is considerable overlap or duplication among the prohibited functions listed, with some States listing one of two overlapping functions and not the other. It is worthy of note that, in a very few instances, tasks on the prohibited list of some States appear among the auxiliary tasks authorized by other States, as shown in Tables 3 and 4.

The reader should bear in mind that Table 5, like the preceding two tables, deals with the 39 expanded-function States only and does not represent a count of all States which may prohibit the listed functions to dental auxiliaries. Those 12 jurisdi
which no auxiliary expanded functions are currently in
viously do not now permit auxiliaries to perform tasks
quire the special knowledge and skill of the dentist. It sh
be noted that Table 5 actually counts only those 34 of t
panded-function States in which one or more of the fun
the list are specifically named and specifically prohibited

The data presented in the foregoing tables are based en
as literal and accurate an analysis as could be made of t
texts of State dental laws and the actual texts of the rules
lations and other documents promulgated by boards of
of all 51 of the jurisdictions which this report covers. In
aration of this report, the dental literature, and various
tions, communications, and other resources were also e
both for general background and for details, but the final
and the basic source for the information and interpretatio
are the legal documents—the State dental laws and the re
and related documents formally issued by State boards of

During 1973 the Council on Dental Education of the
Dental Association compiled a report on specific expand
tions authorized for dental hygienists and assistants in the
States, based on responses to a questionnaire. Differences
the data in the ADA report and the data in this publicat
largely be accounted for by the two entirely different met
acquiring the basic data and by the compilation of da
different number of jurisdictions.

The group of tables, the map, and the attendant discu
this publication represent an effort to provide a nationwi
report on expanded functions for dental hygienists and a
including quantitative summaries of specific procedures a
authorized or prohibited among the States at the end of
provided in actual legal provisions. The data clearly show
recent years, a substantial majority of States has upgra
status of dental auxiliaries by authorizing them to perfo
of significantly greater skill and responsibility.

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me States appear among the auxiliary tasks
States, as shown in Tables 3 and 4.

bear in mind that Table 5, like the preceding
th the 39 expanded-function States only and
count of all States which may prohibit the
listed functions to dental auxiliaries. Those 12 jurisdictions in which no auxiliary expanded functions are currently in effect obviously do not now permit auxiliaries to perform tasks which require the special knowledge and skill of the dentist. It should also be noted that Table 5 actually counts only those 34 of the 39 expanded-function States in which one or more of the functions in the list are specifically named and specifically prohibited.

The data presented in the foregoing tables are based entirely on as literal and accurate an analysis as could be made of the actual texts of State dental laws and the actual texts of the rules and regulations and other documents promulgated by boards of dentistry of all 51 of the jurisdictions which this report covers. In the preparation of this report, the dental literature, and various publications, communications, and other resources were also examined, both for general background and for details, but the final authority and the basic source for the information and interpretations herein are the legal documents—the State dental laws and the regulations and related documents formally issued by State boards of dentistry.

During 1973 the Council on Dental Education of the American Dental Association compiled a report on specific expanded functions authorized for dental hygienists and assistants in the various States, based on responses to a questionnaire. Differences between the data in the ADA report and the data in this publication may largely be accounted for by the two entirely different methods for acquiring the basic data and by the compilation of data for a different number of jurisdictions.

The group of tables, the map, and the attendant discussion in this publication represent an effort to provide a nationwide status report on expanded functions for dental hygienists and assistants, including quantitative summaries of specific procedures and tasks, authorized or prohibited among the States at the end of 1973, as provided in actual legal provisions. The data clearly show that, in recent years, a substantial majority of States has upgraded the status of dental auxiliaries by authorizing them to perform tasks of significantly greater skill and responsibility.

NUMBER AND PERCENT OF EXPANDED-FUNCTION STATES WHICH LIST FUNCTIONS SPECIFICALLY PROHIBITED FOR BOTH DENTAL HYGIENISTS AND ASSISTANTS, 1973* Tab

Prohibited Function**	Expanded-Function S Prohibiting the Fun	
	Number	Per
Diagnosis and Treatment Planning	34	100
Prescription of Drugs and Medications	19	55
Administering Local Anesthetic Agents	16	47
Administering General (Systemic) Anesthetic Agents	17	50
Placing Any Final (Permanent) Restoration	15	44
Any Cutting of Hard and/or Soft Tissues	21	61
Surgery on Hard and/or Soft Tissues	16	47
Correcting Malformations or Performing Other Orthodontic Procedures	7	20
Laboratory Work Authorizations for Fabrication of Prosthetic, Orthodontic, or Other Appliances	8	23
Taking of Final Impressions for Intra-Oral Prostheses, Appliances and/or Restorations	11	32
Any Intra-Oral Procedure Leading to Fabrication of Oral Appliances or Prostheses	13	38
Any Irremediable or Irreversible Procedure Which Requires the Professional Knowledge, Judgment, and Skill of the Dentist	9	26

*Of the 39 expanded-function States, five do not have a list of functions specifically prohibited to dental auxiliaries. Thus, the percentages in this based on 34 of the expanded-function States.

**A task which is deemed to require the special knowledge and skill of the dentist and is therefore reserved for the dentist.

Table 5

PERCENT OF EXPANDED-FUNCTION STATES WHICH LIST FUNCTIONS OHIBITED FOR BOTH DENTAL HYGIENISTS AND ASSISTANTS, 1973*

Function**	Expanded-Function States Prohibiting the Function	
	Number	Percent
t Planning	34	100.0
d Medications	19	55.9
esthetic Agents	16	47.1
(Systemic) Anesthetic Agents	17	50.0
manent) Restoration	15	44.1
d/or Soft Tissues	21	61.8
Soft Tissues	16	47.1
s or Performing Other Orthodontic Procedures	7	20.6
rizations for Fabrication of Prosthetic, er Appliances	8	23.5
ions for Intra-Oral Prostheses, Appliances and/or Restorations	11	32.4
e Leading Fabrication of Oral Appliances or Prostheses	13	38.2
eversible Procedure Which Requires the Professional nt, and Skill of the Dentist	9	26.5

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n States, five do not have a list of functions specifically prohibited to dental auxiliaries. Thus, the percentages in this table are -function States.

require the special knowledge and skill of the dentist and is therefore reserved for the dentist.